

# California - Child and Family Services Review

## County of Riverside Annual SIP Progress Report



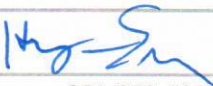
YEAR 2

2014-2015



# California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☐ Progress Report ☒

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SIP Period Dates	2013 - 2018
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## Introduction

The Riverside County Five Year System Improvement Plan (2013 – 2018) was submitted to, and approved by, the California Department of Social Services (CDSS) and Office of Child Abuse Prevention (OCAP) effective July 1, 2013.

This is the Year 2 SIP Progress Report for the 2013–2018 Riverside County System Improvement Plan (SIP). This progress report will focus on the involvement and engagement of our community partners, stakeholders and Children’s Services Division (CSD) and Probation staff in the ongoing efforts to improve the outcomes for the children and families receiving services in Riverside County. Highlighted are the efforts to remove the barriers that might limit the community’s engagement in working toward improving outcomes for children and families in the Child Welfare and Juvenile Probation systems throughout Riverside County. Additionally, this update will provide our stakeholders and CDSS with the SIP outcome measures, our current SIP data compared to the baseline SIP data and analysis of obstacles, issues and conditions that may be influencing the impact of our efforts related to:

1. Safe and Timely Reunification
2. Reduced Re-entry Rate
3. Placement Stability

## SIP Progress Narrative

Highlighted in this section are CSD and Probation’s efforts to engage stakeholders in the SIP progress, current performance on SIP Improvement Goals and the strategies and barriers that influence outcome measures, as well as the status of strategies intended to specifically promote client and community engagement and improve our outcomes.

### **STAKEHOLDERS PARTICIPATION**

The efforts and activities highlighted in the Year 2 SIP Progress report are in line with the System Improvement Plan Guiding Principles and underlying values of engaging the entire community in:

- Addressing child, youth and family welfare
- Embracing a continuum of services from prevention through after care
- Removing barriers inherent within programs and systems

This Year 2 SIP Progress report will detail Riverside County stakeholder participation efforts, the active combining of the strengths between and within child welfare programs, strategies, and Riverside County's community partners. The collaboration with partners fortifies the shared responsibility for the prevention of child abuse and neglect, along with a focus on practice improvement, are the foundation for improving Riverside County's SIP outcome measures:

- Increasing safe and timely reunification (CSD and Probation)
- Reducing re-entry following reunification (CSD and Probation)
- Improving placement stability (CSD)

### *Pathways to Wellness*

On August 13, 2014, Children's Services Division (CSD) and the Department of Mental Health (DMH) conducted a Pathways to Wellness (formerly Katie A.) Stakeholders' Meeting. The focus of this meeting was to keep our stakeholders informed of the progress in implementing Pathways to Wellness in Riverside County, and to provide feedback to assist with the readiness assessment. More than 100 stakeholders attended this meeting. The stakeholders in attendance included representatives from the Department of Education, Probation Department, Inland Regional Center, Parent Partners (DMH), Youth Partners (CSD), caregivers, group home agencies, CASA and legal representatives, and service providers. Other vital partnerships included Latino Organizations and the African American Coalition, tribes, and faith based partners from Faith in Motion.

### *Community Partners' Forum*

On October 14, 2014, Children's Services Division (CSD), the Probation Department and our Child Abuse Prevention Council, FSA/Hope Collaborative, hosted Riverside County's annual Community Partners' Forum. There were more than 230 participants representing every geographic region and most of the communities within Riverside County. The partners in attendance included representatives from:

- Riverside County Office of Education
- Department of Public Health
- Department of Mental Health (DMH)
- First 5
- Family Services of the Desert
- Schools and School Districts
- Faith Based Organizations

- Service providers
- Caregivers
- Foster Family and Group Home Agencies
- Inland Empire Latino Legal Aid
- Mexican Consulate
- CASA
- Youth Partners
- CAPC
- CSD staff

The Community Partners' Forum this year also included the opportunity for 21 of our community partners to host resource tables and allowed for participants from various professions, disciplines and geographic areas to make connections, exchange information and further foster the combining of strengths within and between our community partners and stakeholders. Although not formally on the agenda for the Forum, the sharing of resources, programs and strategies that occurred around the resource tables was promising, as it expanded the network of resources and generated new collaborative relationships between CSD and the community.

### *California Child Welfare Core Practice Model*

In the afternoon of the Community Partners' Forum, partners were invited to participate in a focus group discussion on the California Child Welfare Core Practice Model, and to provide feedback on the draft core practice behaviors. The connection between these events is noteworthy. The Core Practice Model Focus Group provided an excellent opportunity to further inform and engage our community partners in the background, theories and values of Child Welfare social work practice, and receive valuable feedback from our community partners that will assist in strengthening social work practice in California well into the future. This Focus Group also provided a welcomed opportunity to increase awareness in the following areas:

- Community Engagement and Partnership
- Family / Youth Engagement and Partnership
- Individual Strength-Based Assessments
- Team Decision-Making Approaches
- Trauma Informed Service Planning



- Safety, Permanency and Well-Being Goals
- Cultural Sensitivity
- Collaboration between Agencies

In addition to providing valuable feedback to the design team, the California Child Welfare Core Practice Model Focus Group served to reinforce and enhance the purpose, focus and message of the Community Partners' Forum earlier that same day.

### *HOPE Collaborative*

This year began by welcoming the Family Service Association and HOPE (Healing, Outreach, Prevention and Education) Collaborative as our partner and the designated Child Abuse Prevention Council (CAPC) for Riverside County. The HOPE Collaborative meets all of the requirements of the Child Abuse Prevention Councils described in W&IC 18982–18982.4, and provides valuable monthly feedback and suggestions when gaps in service and resource availability (geographically or service type) have been identified, enhancing our efforts in collaboration, service array and social work practice.

HOPE Collaborative conducted six regional forums; one in each county supervisorial district and the community of Blythe, as well as numerous outreach events in each district. HOPE Collaborative partners with CSD in hosting these events to increase awareness and to inform, educate, encourage and engage parents, caregivers, service providers, schools, law enforcement, service professionals and mental health providers to work together within their communities to promote the safety of children, and prevent child abuse and neglect. HOPE Collaborative also provides valuable monthly feedback to Children's Services Division on the resources, activities and needs in our communities. Additionally, HOPE Collaborative representatives attend Team Decision-Making meetings throughout the county and provide valuable information regarding services and resources for families first entering the Child Welfare System, during key decision making points of a case, and for emancipating youth.

### *Family Resource Centers*

Riverside County Family Resource Centers (FRCs) continue to provide a community resource for collaboration and engagement, as well as serving as community hubs for coordinated, community-based resources and service providers. The Riverside County FRCs are located in five of the highest risk/need cities in our very diverse county. Locations include the following:

- Riverside (Jurupa Valley area)
- Perris

- Desert Hot Springs
- Mecca, and
- Mead Valley

The FRCs are building strong relationships with local community based agencies and government organizations to strengthen partnerships with the intent of increasing community involvement and assisting families as they transition from CSD involvement to having a closed case. Some of the key collaborative partnerships include:

- FSA / HOPE Collaborative (CAPC)
- Mental Health Prevention and Early Intervention Task Force
- African American Services Collaborative
- Racial Disparity and Disproportionality Committee
- iFoster (electronic portal & resources for Kinship care providers), and
- Teen Pregnancy Prevention Task Force

Riverside County Family Resource Centers host or partner with community organizations to celebrate a Day of The Child event in each of the Resource Center communities during Child Abuse Prevention Month (April). The FRCs work with their community partners to promote the awareness of child abuse, resources and services available to strengthen families in the community, and provided educational presentations and fun activities centered on the six protective factors that keep families strong, healthy, and promote positive interaction between children and families.

In 2014, the key partners in these events included:

- Department of Public Health
- FSA / HOPE Collaborative
- Home Depot, and
- Molina Health Foundation

Hundreds of families throughout Riverside County participated in these events and were introduced to resources and services that are available to assist them in their communities with prevention of child abuse and neglect.

FRCs hosts an Annual Resource Fair in each of the Five Resource Center communities. The Annual Resource Fair is the largest outreach and education event of the year in each of these communities. The objectives of the Resource Fairs are threefold:

1. To provide FRC customers and members of the community relevant information regarding the services available to assist individuals, families and children that is offered by faith-based, non-profit and public organizations.
2. To promote the FRCs as a meaningful source of information and referrals throughout the county for services designed to strengthen families and reduce occurrences of abuse and neglect.
3. To familiarize child welfare social workers, community partners and other professionals with the potential of the FRCs to assist them in their efforts with child abuse prevention, stabilizing families, and maintaining stable foster and kinship care placements in the communities served by the FRCs.

Hundreds of partner agencies were present at the events to connect with, and provide information and resources to the more than 4000 people who came to the Resource Fairs this year.

### *Joint Operational Meetings*

CSD and Probation employ the use of Joint Operational Meetings (JOMs) as a method to continue evaluating the efficacy of services provided to families. JOM participants include all levels of CSD and Probation staff, representatives from each contracted provider, community partner, oversight committee members and connected agencies.

JOMs are conducted at least quarterly to review contract performance and delivered service monitoring, as well as to engage the team to discuss:

- Strengths, Successes and Accomplishments
- Areas of Need or Improvement Required
- Quality of Communication
- Materials, Supplies and/or Equipment
- Program Enhancements or Modifications
- Data Collection
- Program Fidelity

### *Racial Disparity and Disproportionality*

In Riverside County, African American children are overrepresented at all decision points of the child welfare system: reporting, investigation, substantiation, and placement. Monthly Racial Disparity and Disproportionality (RDD) Committee meetings are held to identify strategies to improve outcomes for African American families. Meetings include community partners from churches and other local

organizations, in order to provide support and awareness of culturally relevant services. Plans are underway to invite family advocates and foster family agencies to participate.

## **CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS**

This section of the Year 2 SIP Progress Report includes CSD and Probation Q3 2014 SIP outcome measures compared to baseline SIP data. SIP baseline data for Children's Services Division covers Q4 2012 (1/1/2011 – 12/31/2012). Probation Department's baseline data covers Q1 2012 (10/1/2010 – 3/31/2012). An analysis of obstacles, systemic issues, and environmental conditions that may be contributing to outcome improvement or decline is provided for each of CSD's four measures and Probation's three measures related to safe and timely reunification, reduced re-entry, and placement stability.

### **Children's Services Division Outcome Measures:**

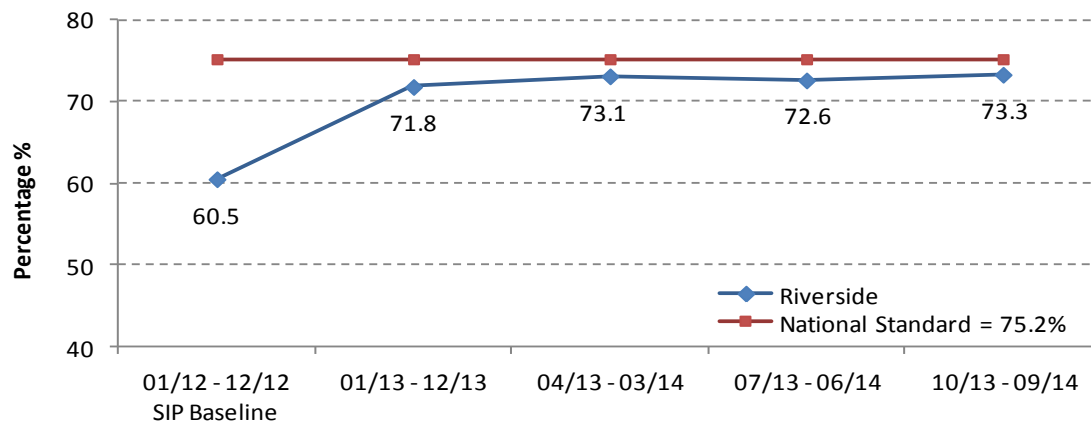
#### **C1.1 Reunification within 12 months (exit cohort)**

From 2008 to 2012, CSD experienced a decrease in the rate of children reunifying with their families within 12 months (Measure C1.1 [exit cohort]). The 2013-2018 SIP reported that though 2008-2011 data indicated improved reunification rates for children who were in foster care eight days or longer (from 62.1% in 2008 to 67.6% in 2011), the SIP baseline year (2012) showed a decreased reunification rate of 60.5%, well below the National Standard of 75.2%. Figure C1.1 below indicates consistent improvement during 2013 and the three quarters of 2014 for which data is available. Reunification rates improved from the baseline of 60.5% to 71.8% in 2013, and 73.3% in 2014 Q3. The latest record represents a 21.2% improvement from baseline SIP data.<sup>1</sup>

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<sup>1</sup> Throughout this report, percent change is used for comparative purposes as a way to describe changes in data points over time. While similar to percent difference (the difference between two percentage values), percent change describes the difference as a percentage change from the old value. For example, the percent difference between 60% and 69.5% is 9.5%, which corresponds to a 14.9% increase, or percent change, over the previous amount of 60%.



**C1.1: Reunification Within 12 Months (Exit Cohort)**

Further analysis of data by age and ethnicity indicates reunification rate improvements across all categories of youth from baseline to Q3 2014, with the exception of Asian/Pacific Islander youth. Reunification rates for children of color now exceed those of Caucasian youth (75.3% in Q3 2014), with Latino children increasing by 23.5% to 71.4% in Q3 2014 from 57.8% at baseline. Reunification rates for African American children improved by 32% to 77.1% in Q3 2014 from 58.4% at baseline. In the most recent quarter for which data is available, the reunification rate for African American children is above the National Standard and exceeds the reunification rate for Caucasian children by 1.8%. This improvement may be the result of an increased effort to conduct TDMs for African American children, as well as including an African American Advocate as part of the team.

The variance of reunification rates for Asian/Pacific Islander children, from 93.3% at baseline to 61.1% in 2013 then up to 68.4% at Q3 2014, is likely the result of the relatively small number of Asian/Pacific Islander children. For Q3 2014, 19 Asian/Pacific Islander children reunified, with six failing to reunify within 12 months. Such variation in outcomes often occurs with small groups, but will continue to be monitored for any notable trends.

Similar to reunification rates by ethnicity, analysis of the data also indicates improvements across all age ranges. While reunification rates remain below the National Standard (75.2%), many age ranges are either closer to the standard, or above the standard, as of Q3 2014. Reunification rates for youth aged 16-17 increased by 34.7% from 50.7% at baseline to 68.3% at Q3 2014. Youth aged 11-15 became the group with the highest rate of reunification during Q3 2014 at 75.5%, exceeding the National Standard. This may indicate the success of SIP strategies that focus on youth aged 11-17 who have historically experienced challenges in reunification. Other than children younger than one year old (who reunified within 12 months due to their age), all age groups improved between 16.7% (ages 6-10) and 34.7% (ages 16-17).

C1.1: Reunification Within 12 Months (Exit Cohort, 8 Days or More In Care) vs. Baseline Performance							
Category		2012 (Baseline)	2013	2014 Q1	2014 Q2	2014 Q3	% Change Between the Most Recent Data and Baseline
		1/12 - 12/12	1/13 - 12/13	4/13 - 3/14	7/13 - 6/14	10/13 - 9/14	
Age	< 1 yr	100.0	100.0	100.0	100.0	100.0	0.0
	1 - 2 yrs	57.3	69.8	72.4	69.7	68.4	19.4
	3 - 5 yrs	57.8	71.3	73.4	71.1	72.4	25.3
	6 - 10 yrs	59.2	67.3	68.6	68.1	69.1	16.7
	11 - 15 yrs	56.1	72.4	72.7	74.1	75.5	34.6
	16 - 17 yrs	50.7	65.3	62.3	69.0	68.3	34.7
Ethnicity	African American	58.4	71.9	75.4	76.6	77.1	32.0
	Caucasian	66.8	68.3	70.3	73.4	75.3	12.7
	Latino	57.8	74.1	74.3	71.7	71.4	23.5
	Asian/Pacific Islander	93.3	61.1	61.1	58.8	68.4	-26.7
	Native American	63.6	66.7	70.6	64.3	100.0	57.2
Overall vs. National Standard (75.2%)		60.5	71.8	73.1	72.6	73.3	21.2

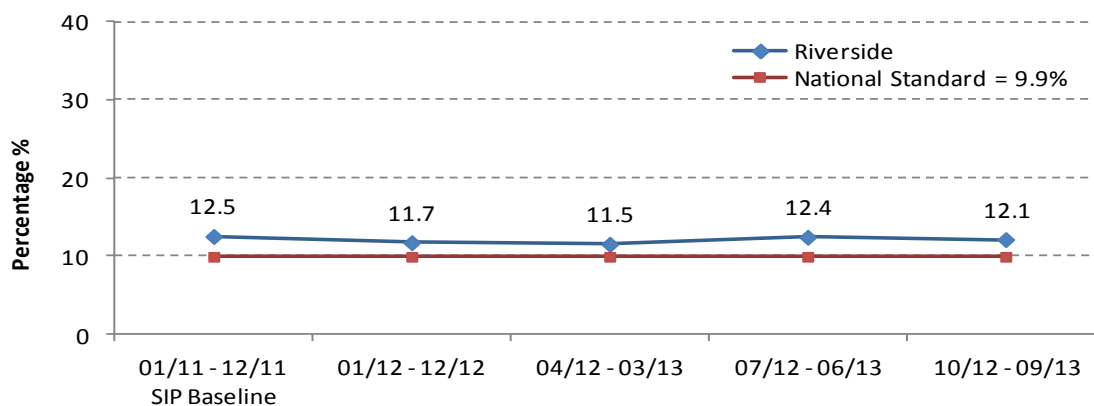
\*Age is calculated at the time the placement episode ended.

In summary, the populations of children that were highlighted for focus in the five-year SIP; Latino, African American, and youth ages 11-17 – experienced the most significant improvements during the Year 2 SIP reporting period,<sup>2</sup> while categories that were not specifically identified continued to improve by smaller margins. Some of our strategies which likely contributed to this include utilization of the Case Plan Field Tool, Wraparound, and TDMs.

#### C1.4 Re-entry following reunification (exit cohort)

Figure C1.4 (below) shows a moderate decrease in the re-entry rate (following reunification). SIP baseline data reflects 12.5%. The rate fell to 11.7% in 2012, and then was back up to 12.1% in Q3 2013 (the most recent quarter for which data is available). Riverside County's re-entry rate has consistently failed to meet the National Standard of 9.9%, except in 2008, when CSD efforts successfully reduced the rate to 7.5%.<sup>i</sup>

<sup>2</sup> Year 1 covers the period July 1, 2013, through March 31, 2014, due to a CSA/SIP process extension granted by CDSS and OCAP. Year 2 and subsequent years will cover the period April 1 through March 31. SIP baseline data for Children's Services Division covers Q4 2012 (1/1/2011 – 12/31/2012). Probation Department's baseline data covers Q1 2012.

**C1.4: Re-Entry Following Reunification Within 12 Months (Exit Cohort)**

Analysis of re-entry data by age and ethnicity highlights important improvements and declines in outcomes across these demographic variables, particularly when considered in the context of reunification outcomes (C1.1, page 9). While the most recent data indicates substantial improvements in reunification rates for all youth, those < 2 years of age showed a 33.1% increase from 18.1% at baseline to 24.1% by Q3 2013, and youth > 16 years of age experienced a 103.9% increase from 7.6% at baseline to 15.5% at Q3 2013. Re-entry rates for children aged 1-2 remain high, from 16.5% at baseline to 13.7% at Q3 2013.

The discrepancy between youth with the lowest and highest re-entry rates is much larger at Year 2 than at baseline. At baseline, the two most disparate age groups (children < 1 year of age at 18.1% and youth ages 16-17 at 7.6%) were separated by 10.5%. As of Q3 2013, this separation was increased to 16.4% (children < 1 year of age at 24.1% and youth ages 6-10 at 7.7%). The re-entry rate for children < 1 year of age increased dramatically, which increased the disparity.

According to the January 2011 to December 2011 baseline data, the rate of re-entry within 12 months following reunification was higher among African Americans (21.4%) and Native Americans (20.8%). Latinos (11.1%), Caucasians (11.1%), and Asian/Pacific Islanders (5.9%) had lower re-entry rates than the overall re-entry rate of 12.5%. The Q3 2013 data shows an 8.9% improvement for African Americans (to 19.5%) and a 1.8% improvement for Latinos (to 10.9%), but a 14.4% increase in the re-entry rate for Caucasian children (to 12.7%). The data available in 2014 indicated the re-entry rate of 0% for Asian/Pacific Islander and Native American.

The improvement in the re-entry rate for African American children may be due in part to increased TDMs and the use of African American advocates, while the improvement for Latino children may be due to the increased use of the Case Plan Field Tool in the Desert Region, where the highest concentration of Latino families reside. The increase in re-entry rates for Caucasian children may be

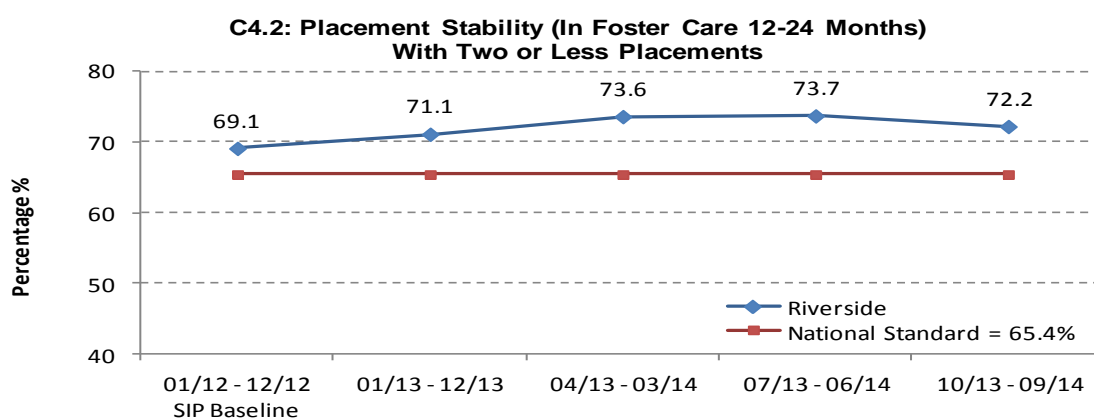
addressed in the future through increased participation in Family Preservation Court and SafeCare.

C1.4: Re-Entry Following Reunification Within 12 Months (Exit Cohort, 8 Days or More In Care, First Entry) vs. Baseline Performance							
Category		2011 (Baseline)	2012	2013 Q1	2013 Q2	2013 Q3	% Change Between the Most Recent Data and Baseline
		1/11 - 12/11	1/12 - 12/12	4/12 - 3/13	7/12 - 6/13	10/12 - 9/13	
Age	< 1 yr	18.1	17.8	20.4	27.0	24.1	33.1
	1 - 2 yrs	16.5	11.6	13.7	15.6	13.7	-17.0
	3 - 5 yrs	10.9	10.7	10.3	10.9	10.8	-0.9
	6 - 10 yrs	11.6	9.3	7.3	7.7	7.7	-33.6
	11 - 15 yrs	10.0	15.7	13.2	12.0	12.6	26.0
	16 - 17 yrs	7.6	6.4	10.6	7.7	15.5	103.9
Ethnicity	African American	21.4	19.5	22.7	23.5	19.5	-8.9
	Caucasian	11.1	12.1	12.6	12.3	12.7	14.4
	Latino	11.1	10.4	9.8	10.8	10.9	-1.8
	Asian/Pacific Islander	5.9	0.0	0.0	0.0	0.0	-100.0
	Native American	20.8	10.0	0.0	0.0	0.0	-100.0
Overall vs. National Standard (9.9%)		12.5	11.7	11.5	12.4	12.1	-3.2

\*Age is calculated at the time the placement episode ended. If a child is discharged to reunification more than one time during the period, the first discharged to reunification is considered.

#### C4.2 Placement stability (12 - 24 months in care with ≤ 2 placements)

As indicated in figure C4.2 below, placement stability for children in out of home care for 12-24 months (defined as two or fewer placements) has largely maintained baseline levels, increasing slightly from 69.1% at baseline to 72.2% in Q3 2014. Overall, Riverside County continues to exceed the National Standard of 65.4%.<sup>ii</sup>



During this five-year SIP cycle, CSD chose to focus on placement stability due to the relatively low rate observed for youth ages 11 -17. This group of youth tends to experience more than two placement changes when in care for over a year. The placement stability showed a decrease of 9.3% for youth ages 11-15, from 62.5% at baseline to 56.7% at Q3 2014, and a 4.3% decrease for youth ages 16-17, from 47% at baseline to 45% at Q3 2014. A possible cause for the decrease in placement stability for these age groups could be due to the efforts to transition youth from group home placement to less restrictive, family-based settings.

Baseline placement stability rates indicate that 58.3% of Native Americans experience



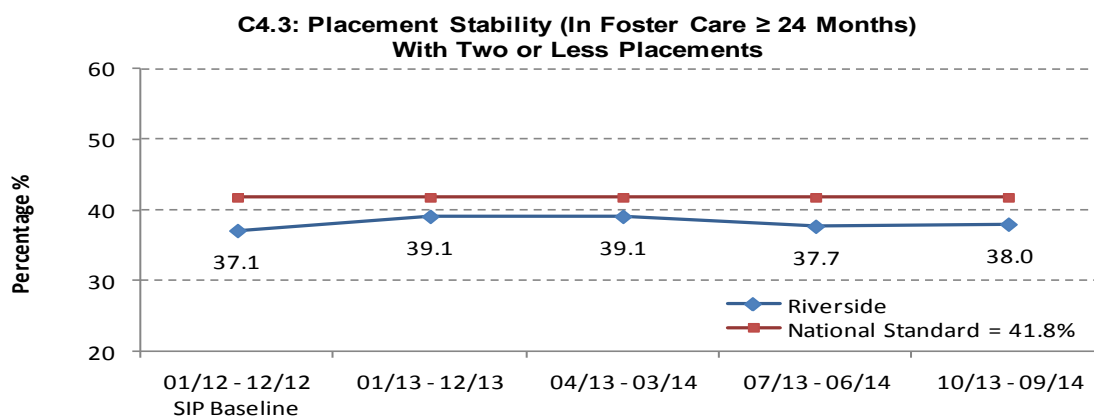
placement stability, while Asian/Pacific Islanders had a rate of 83.3%. By Q3 2014, all ethnicity subgroups, except African American and Asian/Pacific Islander, had improved their placement stability by at least 3.5%. CSD is addressing placement stability for African American children through collaboration between Faith in Motion and RDD to recruit more African American foster parents.

C4.2: Placement Stability (12 to Less Than 24 Months in Care With 2 or Less Placements) vs. Baseline Performance							
Category		2012 (Baseline)	2013	2014 Q1	2014 Q2	2014 Q3	% Change Between the Most Recent Data and Baseline
		1/12 - 12/12	1/13 - 12/13	4/13 - 3/14	7/13 - 6/14	10/13 - 9/14	
Age	< 1 yr	80.7	85.9	86.1	85.7	87.4	8.3
	1 - 2 yrs	75.5	73.4	78.5	76.5	77.0	2.0
	3 - 5 yrs	70.5	71.0	76.7	76.1	76.4	8.4
	6 - 10 yrs	64.5	73.4	75.9	76.8	73.5	14.0
	11 - 15 yrs	62.5	60.6	61.5	63.3	56.7	-9.3
	16 - 17 yrs	47.0	52.1	45.8	44.6	45.0	-4.3
Ethnicity	African American	65.8	61.4	64.7	65.4	64.7	-1.7
	Caucasian	67.9	71.6	72.3	74.5	73.7	8.5
	Latino	70.5	72.8	76.0	75.0	73.0	3.5
	Asian/Pacific Islander	83.3	93.3	93.8	100.0	53.8	-35.4
	Native American	58.3	71.4	75.0	79.2	100.0	71.5
Overall vs. National Standard (65.4%)		69.1	71.1	73.6	73.7	72.2	4.5

\*Age is calculated at the beginning of the time period; Time in care is from the latest removal date from the home to the end of the time period.

### C4.3 Placement stability (at least 24 months in care with ≤ 2 placements)

Riverside County continues to outperform the National Standard for placement stability when in placement for less than 12 months (C4.1, data not shown) and between 12 and 24 months (C4.2, see above). Children in out-of-home care for more than 24 months, however, continue to struggle with placement stability. While placement stability for this group increased from 30.7% in 2008 to 37.1% in 2012, as described in the five-year SIP report, the rate remains below the National Standard of 41.8%, even with a small increase to 38% at Q3 2014, as shown in figure C4.3 below. It is anticipated that as Pathways to Wellness is fully implemented and Child and Family Team (CFT) meetings increase, delivery of mental health services to children and youth in placement will improve, resulting in increased placement stability.



All demographic categories of age and ethnicity have experienced small changes from baseline to Q3 2014, with two exceptions: the rate of placement stability for Native American children decreased by 40.1% from the baseline rate of 22.7% to the Q3 2014 rate of 13.6%; and the rate of placement stability for Asian/Pacific Islander children increased by 138% from the baseline rate of 30% to the Q3 2014 rate of 71.4%. The number of Native American (n=22) and Asian/Pacific Islander (n=7) children is relatively small, thus unable to have much impact on the overall placement stability rate, further analysis may help to determine the factors that have contributed to this improvement. Adolescents (ages 11-17) continue to have the lowest rates of placement stability. While youth ages 16-17 experienced higher rates of stability (17.3% at Q3 2014 versus 16.3% at baseline, an increase of 6.1%), youth ages 11-15 experienced decreased stability (26.5% at Q3 2014 versus 28.5% at baseline, a decrease of 7%).<sup>3</sup> A possible cause for the decrease in placement stability for this age group could be due to the efforts to transition youth from group home placement to less restrictive, family-based settings. Improving placement stability for all youth remains an ongoing goal for CSD in the 2013-2018 SIP cycle, particularly for those youth in care at least 24 months.

C4.3: Placement Stability (At Least 24 Months In Care With 2 or Less Placements) vs. Baseline Performance							
Category		2012 (Baseline)	2013	2014 Q1	2014 Q2	2014 Q3	% Change Between the Most Recent Data and Baseline
		1/12 - 12/12	1/13 - 12/13	4/13 - 3/14	7/13 - 6/14	10/13 - 9/14	
Age	< 1 yr	N/A	N/A	100.0	N/A	100.0	
	1 - 2 yrs	57.1	60.6	60.4	64.8	65.5	14.7
	3 - 5 yrs	50.5	49.0	45.9	48.1	47.7	-5.5
	6 - 10 yrs	49.6	47.3	46.5	43.0	43.7	-11.9
	11 - 15 yrs	28.5	31.5	29.7	26.7	26.5	-7.0
	16 - 17 yrs	16.3	16.1	17.2	16.8	17.3	6.1
Ethnicity	African American	30.5	32.0	28.2	28.3	32.2	5.6
	Caucasian	35.9	34.5	32.4	30.5	30.4	-15.3
	Latino	40.2	43.2	44.3	44.3	43.6	8.5
	Asian/Pacific Islander	30.0	54.5	55.6	71.4	71.4	138.0
	Native American	22.7	34.8	36.0	24.0	13.6	-40.1
Overall vs. National Standard (41.8%)		37.1	39.1	39.1	37.7	38.0	2.4

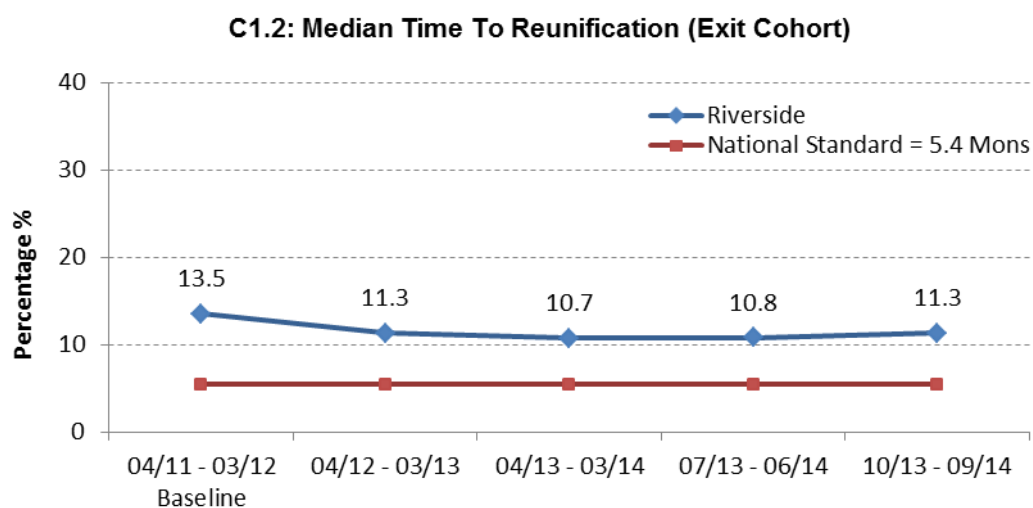
\*Age is calculated at the beginning of the time period; Time in care is from the latest removal date from the home to the end of the time period.

<sup>3</sup> A reduction in group home placements may be a contributing factor to the lack of placement stability for this age group.

## Probation Department Outcome Measures:

### C1.2 Reduce Median Time to Reunification (Exit Cohort):

This outcome measure was initially selected as one of Riverside County Probation Department's (RCP) SIP goals because the baseline data (4/1/11 – 3/31/12) indicated Probation's median time to reunification was at 13.5 months compared to the national goal of 5.4 months. Additionally, since data indicated that placement stability decreases as the length of placement increases, it seemed prudent to address this measure. As such, Probation's goal was set at obtaining a median time to reunification at 9 months by April 2018. During the subsequent reporting period, Probation's median time toward reunification reflected 10.7 months (4/1/13 – 3/31/14). This denoted a substantial improvement. The most current data (10/1/13 – 9/30/14) indicates Probation's median time to reunification is 11.3 months. This is a 17.5% improvement from the SIP baseline data but a 3.7 percent decline since the first SIP Update.

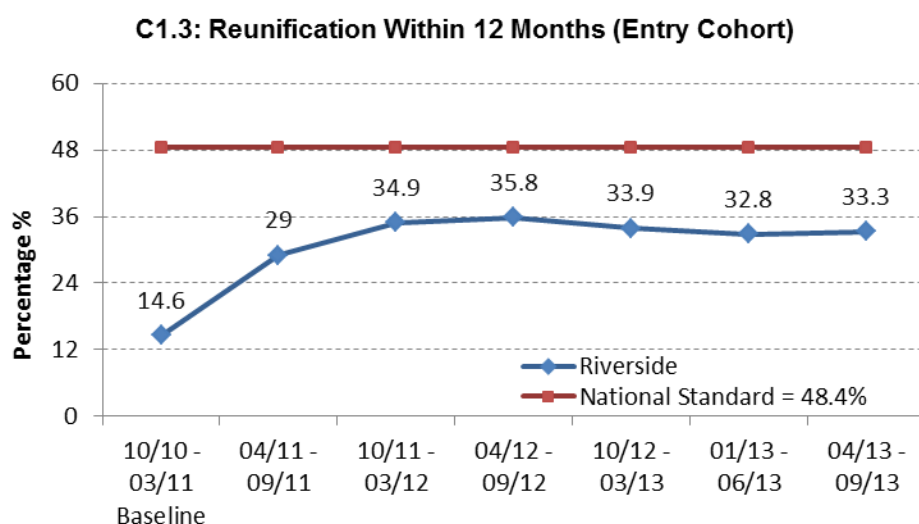


Further analysis of the most current data by age, ethnicity, and gender shows the median time for reunification for 11-15 year olds was 14.8 months, but only 11.0 months for 16-17 year olds. The baseline data of the median times for the same age groups was 11.8 and 13.7 months respectively. With the most current data in mind, it appears that youth entering probation placements under the age of 16 have a longer median time to reunification than those entering after their 16<sup>th</sup> birthday. The data also indicates the current median time period for reunification for Caucasian clients is 11.1 months, 12.5 months for African Americans, and 11.1 months for Latino. The median time for the same ethnic groups at the time the baseline data was gathered was 12.4 months, 12.7 months, and 14.2 months

respectively. This represents a shift; in that, at the time the baseline data was collected, Latino clients had a median time approximately 1.4 months longer than African Americans and 1.8 months longer than Caucasians; however, the current data shows that African Americans now have the longest time to reunification at 1.4 months longer than both Latino and Caucasian children. Finally, the median time for reunification of females and males is quite similar at 12.5 and 11.2 months respectively.

### C1.3 Increase Rates of Reunification within 12 Months (entry cohort)

This outcome measure was initially selected as one of Probation's SIP goals because the baseline data (10/01/10 – 3/31/11) indicated Probation's rate of reunification within 12 months was 14.6% compared to the national goal of 48.4%. Moreover, as was previously noted, since data indicated that placement stability decreases as the length of placement increases; it seemed prudent to address this measure. As such, a target goal of 34.2% of placed youth reunifying within 12 months by April 2018 was set. The subsequent reporting period (10/01/12 – 3/31/13) showed 33.9% of placement youth reunified with their families within 12 months. The most current data (4/01/13 – 9/31/13) indicates that 33.3% of placement youth achieved family reunification within the target 12 month period, which is a 128.08% improvement from the SIP baseline data.



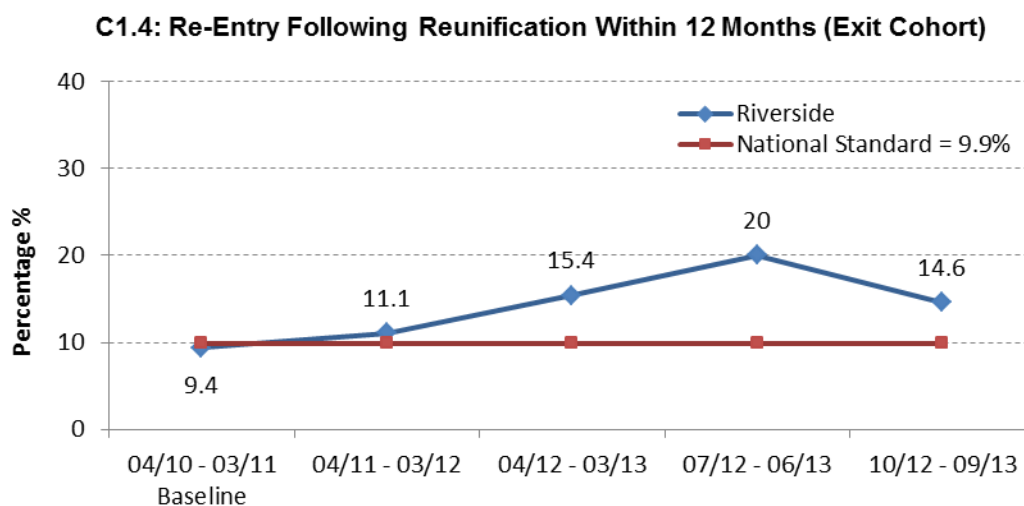
Further analysis of the most current data by age, ethnicity, and gender showed that 24% of 11-15 year olds and 39% of 16-17 year olds achieved family reunification within 12 months. The baseline data of this measure for the same age groups was 10.5% and 18.2% respectively. Again this denotes a significant discrepancy between the amount of time a minor spends in placement if he or she was under 16 years old when placed, compared to those placed after their 16<sup>th</sup> birthday. Finally, the current



outcome data showed the rate of family reunification within 12 months for African Americans is 44.4%, 62.5% for Caucasians, and 26.5% for Latino. The rate of family reunification for the same ethnic groups at the time the baseline data was gathered was 11.1% for African Americans, 0.0% for Caucasians, and 21.7% for Latino. Again, this denotes a shift; in that, at the time the baseline data was gathered, 10.6% more African Americans than Latinos reunified with their families within 12 months; however, current data denotes 8.9% more Latinos than African Americans reunified within 12 months. Finally, males and females reunified at the same rate of 33.3%.

#### C1.4 Reduce Re-entry Following Reunification (exit cohort)

The baseline data (4/1/10 – 3/31/11) for this outcome measure indicated Probation’s rate of re-entry following reunification was 9.4% compared to the national goal of 9.9%. The rate of re-entry for the reporting period of 4/1/12 – 3/31/13 was 15.4%. The most current data (10/1/12 – 9/31/13) indicates that 14.6% of placement youth re-entered placement within 12 months of reunification showing a 55.3% increase from the SIP baseline data. As such, Probation is evaluating promising new practices to address this measure in order to meet our 2018 target goal of meeting the National Standard.



Further analysis of the most current data by gender, ethnicity, and age showed that 50% of 11-15 year olds re-entered placement following reunification, compared to only 7.5% of 16-17 year olds. Of note, even though this is a significantly large discrepancy in percentage, the actual count of 11-15 year olds is 4 out of 8. In that context, it seems evident that a very low actual count represents a high percentage, therefore causing the percentage rate to fluctuate significantly. Finally, the current data

shows 33.3% of African Americans re-entered placement following reunification while only 14.3% and 0.0% of Latino and Caucasians, re-entered. This is compared to the baseline data which indicated 11.1% of African Americans, 0.0% of Caucasians, and 18.2% of Latinos re-entered. Additionally, 25% of females re-entered placement while only 11.1% of males re-entered; however, only 12 females were included in the current reporting data compared to 36 males.

Based on the data for all outcomes, it seems two consistent patterns have emerged. Firstly, there appears to be a lack of performance by the younger demographic in all three measures. This became evident in preparation for the 2014 Community Partners Forum. As such, the Probation Department began working with our community and county partners to develop some promising new practices (Promising Practices/ Other Successes, p. 46) that focus on our younger placement candidates. Secondly, there appears to be a shift in early and successful reunification when comparing African Americans and Latinos. Whereas at the time the baseline data was gathered, Latinos seemed to take longer to reunify and were more likely to re-enter placement, current data shows a total reversal of this data as related to these ethnic groups. These discrepancies warrant consideration and/or future tracking.

## **STATUS OF STRATEGIES**

This section of the Year 2 SIP Progress Report provides the status of all CSD and Probation strategies and action steps scheduled to start and/or be completed by the end of Year 2.<sup>4</sup> An explanation of all revisions to the Five-Year SIP Chart is provided, including obstacles or barriers preventing or delaying a strategy or action step from being completed timely. Lessons learned and successes encountered during implementation are shared, as well as modifications being made to address obstacles or barriers. The method of evaluation and/or monitoring of strategies and action steps are also shared in this section and Attachment A.<sup>5</sup>

### **Children's Services Division:**

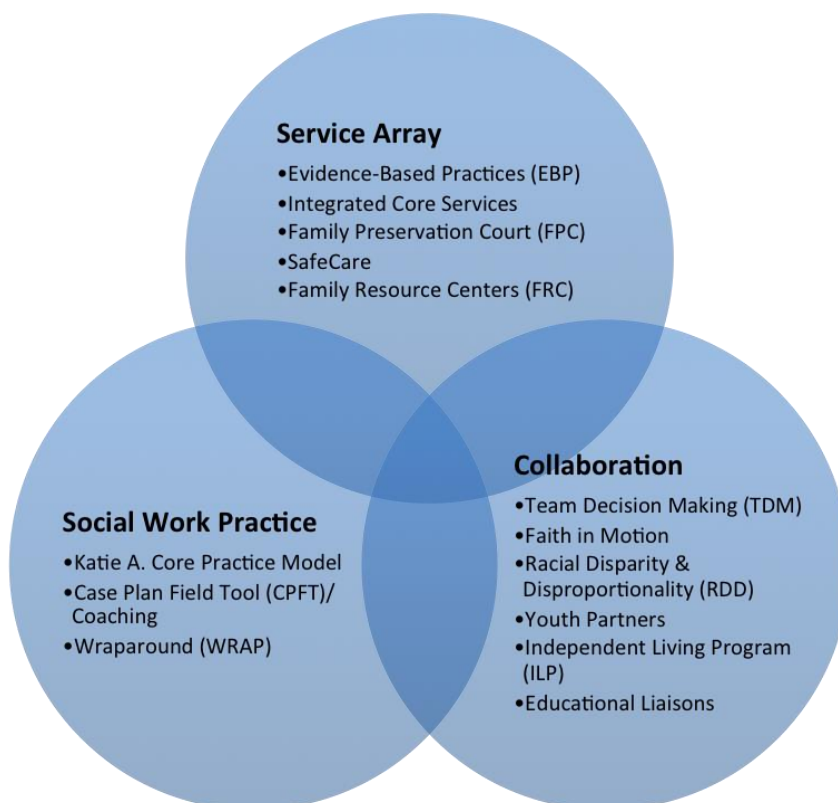
As the figure below illustrates, the 14 strategies utilized by CSD during the 2013-2018 SIP cycle have been organized thematically into three categories (service array, social work practice, and collaboration). Although these categories were developed based on feedback from stakeholders, focus group participants, and peers, it is important to recognize, that these multi-systemic strategies crossover

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<sup>4</sup> Year 2 covers the period April 1, 2014, through March 31, 2015

<sup>5</sup> Progress reporting on SIP strategies utilizing CAPIT/CBCAP/PSSF/CCTF funds are also outlined in the Annual CAPIT/CBCAP/PSSF/CCTF Report submitted to OCAP on October 30, 2013. There have not been any significant changes or reductions in spending on programs identified in the 2013 – 2018 Riverside County SIP.

and inform more than one category. For instance, the Case Plan Field Tool is a collaborative effort to engage families in the case planning process, as well as a social work best practice that assists children in addressing special mental health needs. Year 2 progress for each of these 14 strategies is summarized below within the service array, social work practice, and collaboration groupings.



## **Service Array**

### ***Evidence-Based Practices***

SafeCare, Wraparound and Family Preservation Court remain our foundation of evidence-based practices. CSD is continuing to look for evidenced-based practices, as well as evidence-supported practices, to improve outcomes, such as mindfulness, an evidence-supported service for increasing placement stability for youth in care over 24 months. CSD continues to work with current programs and providers and encourages the continued use of evidence-based practices, including modifying the bid and contracting process to monitor model fidelity in implementation.

### ***Integrated Core Services***

Integrated Core Services was developed as one of the 14 strategies to assist Riverside County with efforts to:

- Increase safe and timely reunification
- Reduce re-entry rate
- Increase placement stability

The specific goals of Integrated Core Services include:

- Reducing the time needed to connect clients to services
- Minimizing existing service-access barriers
- Increasing service coordination (one-stop)

Integrated Core Services delivery model partners with the Department of Mental Health (DMH), Catholic Charities of San Bernardino/Riverside County, My Family Incorporated (MFI), and Family Services of the Desert (FSOD) to create a formal network of lead agencies with the capacity to provide multiple core services including:

- Parenting education
- Substance abuse treatment
- Mental health services
- Domestic violence services
- Anger management

Each of these community-based organizations have taken a lead role in designated geographic areas of Riverside County to screen, match, and provide families with services that can be accessed within that single agency. Similar to a one-stop model, families can receive multiple services in one location, improving the service coordination and reducing client frustration, time and expense of traveling to multiple locations to receive services.

CSD's Planning and Resource Management region created a team of Research Specialists to establish a system of collecting and analyzing data regarding the effectiveness of the services and outcomes for the families served by this model. Furthermore, the Program Development region conducted evaluations in each service region with CSD staff. Results indicated a shortage of domestic violence services countywide, as well as no identified drug testing facilities in the Mid County region. Other concerns were the lack of licensed therapists available and only one sexual abuse support group in the county. Despite these concerns, most staff noted that they are satisfied with the Integrated Core Services Model. CSD continues to work with contracted providers to develop an effective and meaningful system of data collection and reporting. The goal is to report meaningful and useful data for



program evaluation by the end of fiscal year 2014/15. Thus far, CSD has identified the need for transportation to access services, as well as increased domestic violence and substance abuse treatment services in underserved communities, such as Desert Hot Springs, Banning and Hemet.

### ***Family Preservation Court***

Family Preservation Court (FPC) is an intensive, one year court-supervised substance abuse recovery program designed to assist families living with substance abuse, who are at risk of having their children removed from their care and custody (pre-file), or to assist families who have already had their children removed (post-file), to successfully reunify their families.

Riverside County's Family Preservation Court program has been in operation since 2005 and is organized, coordinated and directed by a collaborative partnership uniting the efforts and resources of:

- Riverside County Superior Court
- Department of Social Service, Children's Services Division
- Department of Mental Health
- Riverside County Sheriff's Department
- Department of Public Health
- Riverside County Office of Education
- Riverside County Counsel
- Juvenile Defense Panel
- Children and Family Futures, Inc.
- Mental Health Systems, Inc.

Mental Health Systems, Inc.'s, Centers for Change are intensive and effective outpatient substance abuse programs with locations in Cathedral City, Hemet and Riverside. The outpatient program was developed to promote healthy families and creates a supportive and trauma informed environment for parents to receive their substance abuse treatment by focusing on addressing the needs of the family. The services provided by the Riverside Center for Change are:

- Short Term Solution Focused Therapy (provided by MFT)
- 12 week Nurturing Families Parenting Program
- Gender Responsive Groups

- Relapse Prevention Groups
- Anger Management and Domestic Violence Groups
- Life Skills Groups
- 12 Step Education
- Early Recovery Groups
- Process Groups
- Relationship Groups
- Family Support Groups
- Planned Parenthood Presentations
- Voluntary HIV/AIDS Testing and Groups Onsite (provided by Community Partners)

The most current data available reflects that, over a three year period FPC served 1,046 adults and 2,036 children. Families at risk of having their children removed from their care and custody, but who have not yet had a petition filed with the Juvenile Court (pre-placement preventative services), are approximately 32% of the families served by FPC. The three year data shows that of the pre-file cases served by FPC, 89% of the children in these families were able to remain in care and custody of their parents throughout the entire 12 month program. Post Adjudication or Family Reunification services for families who have already had their children removed from their care and custody (post-file) are the majority (68%) of the families served by FPC. The three year data reflects that the re-entry rate (re-enter foster care within 12 months of reunification) for the families receiving post-file FPC services is 6.5%. The current re-entry rate for all families receiving Child Welfare Services in Riverside County is 12.8%.

The three year data reflects that more than 75% of the families receiving FPC services were able to successfully complete the 12 month program. The families who were not successful in completing the FPC program made up 23.5% of the total families served. Of the families who were unable to complete the program, 70.4% left within 90 days of involvement, and an additional 28.2% left the program within 180 days of involvement. An examination of issues including the screening and referral process, client engagement and the matching of services and needs, is a primary focus of the FPC program.

CSD anticipates improvements in the measures of safe and timely reunification and reduced re-

entry rates with families that have successfully completed these very focused and comprehensive services and supports. CSD and Children and Family Futures, Inc. continue to provide technical assistance to Mental Health Systems, Inc. to implement and formalize a data collection and evaluation system. Significant improvement in this area is anticipated during this SIP cycle.

### ***SafeCare*®**

SafeCare is an evidence-based training curriculum for parents who are at-risk or have been reported to Child Welfare Services for child maltreatment or who are involved with the Child Welfare System for child maltreatment. Early SafeCare is designed to provide services to families who have been reported to Child Welfare Services and are at (moderate to high) risk of having their children removed from their care and custody, but have not yet had a petition filed with the Juvenile Court (pre-placement preventative services). Primary SafeCare services are designed to serve families who have been reported to Child Welfare Services and already have an open Juvenile Court case (post-adjudication). SafeCare Plus is designed to serve those families with an open Juvenile Court case (post-adjudication), who are also in need of additional service.

Parents receiving SafeCare services receive weekly home visits to improve skills in several areas, including:

- Home safety
- Health care
- Parent-child interaction

Trained SafeCare professionals meet with families each week to improve the parents' knowledge of, and to practice effective parenting skills. SafeCare visits are conducted in the family's home and may last up to two hours per visit. Home visits may continue for up to six months.

The Goals of SafeCare Services are to:

- Reduce future incidents of child maltreatment
- Increase positive parent-child interaction
- Improve how parents care for their children's health
- Enhance home safety and parent supervision.

Riverside County has partnered with multiple agencies to provide SafeCare. The Department of Public Health provides the Primary SafeCare and SafeCare Plus program to families with an open Child Welfare case, with Public Health Nurses who have been specifically certified to provide these services. Funded in part with a grant from First 5 Riverside, SafeCare Plus targets pregnant or post-partum

mothers, with goals to increase bonding, promote tobacco cessation, and ensure access to resources when post-partum depression occurs.

Data for Primary SafeCare and SafeCare Plus for fiscal year 2013-14 shows a total of 469 referrals for service that were received, and a total of 567 parents participated in the program. Further, data reflects a graduation rate of 72.8% from the two programs.

Early SafeCare, a Differential Response (pre-placement preventative services) program, is designed to prevent the need to open a formal Child Welfare case or to remove the child from the care and custody of their parents. Families with children one year or younger are considered high priority cases. Early SafeCare services are provided by the John F. Kennedy Memorial Foundation (JFK) and Family Services Association (FSA). Data for Early SafeCare for fiscal year 2013-14, shows a total of 650 referrals for service were received, and a total of 461 parents participated in the program. Additionally, data reflects a graduation rate of 35.5% from this program.

From November 2011 to April 2013, the maltreatment rate for children in Riverside County ages 0 to 5 was 11.1%, and the re-entry rate was 16.7% for the same age group. For families who completed the SafeCare program, 8.9% of the children ages 0 to 5 experienced a recurrence of child maltreatment after case closure, while only 5.7% of SafeCare graduates reentered the foster care system after case closure.

### ***Family Resource Centers (FRCs)***

The Riverside County Family Resource Centers (FRCs) serve as community hubs for coordinated community-based resources and service providers. The FRC staff collaborates with local faith-based, community-based, government and healthcare related organizations, in order to provide services to families in part to assist with increasing re-unification outcomes and reducing re-entry of children into out of home care.

The FRCs host and participate in a great number of community events throughout Riverside County, conducting awareness and educational presentations. However, despite the tremendous efforts of the FRC staff and the significant contributions of the FRCs and their associated partners, Riverside County FRCs continued to be underutilized as a resource. Greater efforts will be made this year to utilize the full capacity and potential for the FRCs.

The Rubidoux Family Resource Center will continue to increase their volume and scope of services through work with the Jurupa Valley Family Resource Network. This collaboration between DPSS-CSD, FRC providers, public agencies, community members, business owners and community-based partners continues to grow and is establishing a network of service providers who are aligned in vision,

goals, objectives, processes and procedures, quality of care, sharing of data, and outcome evaluation. The network is working to increase safety, access, linkages and referrals, with the goal to improve child well-being, stabilize families, improve family conditions (community as whole) and decrease risk factors.

The FRCs will continue to work diligently to engage the social workers in utilizing the services and resources available through the FRCs to reduce the rate of children entering foster care, stabilize foster/kinship placements, support safe and timely family reunification and reduce the incidence of re-entry for the families living in the communities served by the FRC.

## **Social Work Practice**

### ***Pathways to Wellness (Formerly Katie A)***

CSD and DMH developed several service delivery improvements in a coordinated effort called Pathways to Wellness (formerly Katie A).

Pathways to Wellness is a structured and coordinated collaboration between CSD and DMH. The implementation structure, which includes a Steering Committee, Core Committee, and Subcommittees, is comprised of both CSD and DMH executives, managers, supervisors, line staff, Parent Partners, and Youth Partners. Outreach and training to county licensed caregivers such as Foster Family Homes (FFH), Foster Family Agencies (FFA), and group home directors is occurring through regional caregiver quarterly meetings, and the FFA and group home directors' quarterly meetings.

Further efforts for implementation and collaboration between CSD and DMH can be demonstrated by the Pathways to Wellness stakeholders' meeting held on August 13, 2014. This is a biannual meeting held to update stakeholders on the progress of the Pathways to Wellness implementation in Riverside County, and to elicit feedback to update the Readiness Assessment submitted to the State.

This meeting was well attended by 108 stakeholders. Stakeholders included participants from the Department of Education, Probation, regional centers, community-based organizations, Parent Partners, Youth Partners, the African American Coalition, Latino organizations, FFAs, group home agencies, child welfare staff, and mental health staff. Nearly 63% of stakeholders who provided feedback on agency leadership progress and needs indicated that CSD and DMH agency leadership efforts are working, and 37.25% of the stakeholders indicated that agency leadership needs are continuing to develop. Stakeholders provided feedback indicating that our joint agency leadership efforts were working.

As of October 2014, all CSD regions have implemented Pathways to Wellness. Regions continue to screen all existing dependent children and all new dependent children coming into CSD services using the Mental Health Screening Tool (MHST).

Children in all CSD regions are now being scheduled for mental health assessments and the identified “no show” rate is approximately 10% of CSD dependent children. This “no show” rate is in keeping with the general community population. Children not transported to mental health appointments were identified as most frequently children in out-of-home care in FFA placements. To help eliminate this barrier to assessments for children, DMH clinics now notify the FFA agency staff and the CSD social worker of the scheduled mental health appointment, after confirming the appointment with the FFA caregiver. This action has had positive results. Of the current 5,909 CSD dependent children, DMH data as of January 13, 2015, indicates that 4,570 have completed a mental health assessment and of these children 1,524 or 33.34% meet subclass criteria.

Children, youth, parents and caregivers are now participating in Child and Family Team (CFT) Meetings in all CSD regions serving dependent children and their families. CFTs have started slowly as CSD social workers, DMH clinicians and contracted providers are adjusting to this new method of teaming with families, youth, their support systems and provider resources. Feedback from the CFT meeting evaluations is indicating that youth and parents are reporting that they feel more included in the meetings and they appreciate the teaming and meeting process.

Data from CWS/CMS indicates that of the 1,223 children who meet subclass criteria, 310 or 25% of these children have had at least one completed CFT meeting. Of the 1,733 children who meet class criteria, 91 or 5% have had at least one completed CFT meeting. The total number of CFTs entered into CWS/CMS as of January 9, 2015 is 649. As social workers are becoming more comfortable with CFTs, children and families are now participating in second and third 90-day CFT meetings.

### ***Case Plan Field Tool/Coaching***

Riverside County CSD first introduced and piloted the Case Plan Field Tool (CPFT) in two operational regions in December 2011. County-wide training and implementation of the CPFT began in July of 2012 and continued through January of 2014. The CPFT training of all existing CSD staff has been completed and the use of the CPFT remains optional for the case-carrying social workers in all operational regions. The purpose of the Case Plan Field Tool is to increase client engagement in an effort to reduce time to reunification and decrease re-entry.



CPFT workgroups have formed in the operational regions and regional CPFT “champions” or coaches have been identified. The coaches meet with CPFT users monthly to review CPFT successes, offer continuing training, and practice connecting the results of Safety Assessments into the CPFT.

The Desert region of CSD is leading the effort of full implementation and use of the CPFT in Riverside County. The success began with five social workers and one supervisor meeting weekly for CPFT feedback and learning opportunities. The coaches continue to meet weekly and the CPFT users meet monthly. Social workers began joining the learning opportunities and the development of effective “champions” provided newer CPFT users with in-service training.

This year, all new social workers assigned to the Desert region have been provided intensive coaching and encouragement in the use of the CPFT and are using the tool with all their open cases. The Investigative Services (IS) Social Service Supervisors provided continuing encouragement and in-service training with their existing social workers and are encouraging the use of the CPFT in all Initial Case Plan development. These efforts have produced a willingness to embrace the use of the CPFT and all IS social workers are currently using the CPFT.

The Continuing Services (CS) social workers in the Desert region completed additional CPFT training and are beginning the process of intensive coaching and encouragement on the use of the CPFT. The expectation is that the CPFT will be used by all CS workers in the Desert Region in early 2015.

CSD has established a strategic objective of 25% of the case-carrying social workers in all operational regions utilizing the CPFT by April 15, 2015. As of this writing, the Desert region has the entire Investigative Services staff trained and coached in supervision to use the tools, and now are focusing on incorporating the tool in the Continuing Services units. The Enhanced Centralized Services region and Youth and Family Resources region are utilizing the Public Child Welfare Training Academy field coach to conduct a monthly group case planning coaching session followed by individual sessions.

Evaluation strategies are being developed to measure the success of tool in relation to decreased time to reunification and reduction in re-entry rates for dependent children, as well as usage rates.

### ***Wraparound***

The Wraparound system of care is an intensive team approach to providing personalized and comprehensive services to youths and their families that have serious or complex needs. Wraparound is a collaborative effort involving CSD, DMH, and two contracted service providers, Oak Grove and Olive Crest. There are currently 203 children participating in Wraparound services, with a goal to increase participation to 230 children.

The Wraparound process focuses on ten areas called life domains which include:

- Family
- Housing
- Safety
- Social/Recreational
- Medical/Health
- Financial
- Spiritual
- Legal
- Emotional/Psychological
- School/Work

Wraparound is built on developing support and the assistance of friends, kin, church members and others identified from the family's social network. The unique strengths and needs of the family are assessed, in order to develop safety and permanency in the family home, at school and in the community in which they live. The Wraparound staff works with the family and the team, to develop a safety plan in the event a crisis occurs. This helps to ensure the youth can remain safely in their home and/or community.

Wraparound services are used primarily for:

- Youth who are at risk of being placed in group home care
- To transition or "step-down" a youth in group home care to a less restrictive, more home-like placement
- To prepare a youth and their family for the transition from Family Reunification to Family Maintenance services

The effective use of Wraparound services produce:

- Improved overall placement stability
- An increase in safe and timely reunification
- Reduced re-entry rates

CSD, Probation Department, DMH, and the two contracted Wraparound providers (Oak Grove and Olive Crest), established a joint Wraparound Outcomes Committee which met for the first time in August 2013. Service providers began entering data into a single DMH-administered database in November 2013. The first quality assurance checks were completed in the last quarter of 2013, with

additional quality checks planned for early 2014. Data was extracted from the database and linked with data from CWS/CMS in July 2014 (Year 2), with the first joint annual report on Wraparound outcomes completed in September 2014.

For this SIP cycle Year 2, CSD and DMH completed an evaluation plan to measure the success of Wraparound. The evaluation of Wraparound utilized a variety of data collection measures to collect information on key variables:

- Placement: Placement types prior to and after Wraparound services were analyzed to determine if Wraparound resulted in increased home placement and decreased group home placement. Additionally, placement stability was examined using closed cases and out-of-home placements.
- CWS/CMS Case Closure: Cases closed from both Wraparound and CWS/CMS were utilized to determine the closure type such as adoption, court ordered termination, emancipation, kinship placement and/or family stabilized.
- Re-entry: This measure looked at children who re-entered foster care after having reunified during or after receiving Wraparound services.

CSD completed the analysis of the data collected and results are as follows:

- Children receiving Wraparound services showed statistically significant improvements in behavioral functioning. Approximately 48% of CSD Wraparound cases had both an intake and follow up measure, and improvements were noted on behavioral functioning at follow-up.
- Attendance stabilized and graduation rates improved for youth who participated in Wraparound services. Progress for graduation improved for 34% of students receiving Wraparound services. Furthermore, suspension rates for students in Wraparound services dropped 55%.
- Wraparound discharge status was analyzed separately based on length of stay (LOS), where youth involved in Wraparound services for 90 days or more had a graduation rate of 62%.
- Wraparound contributed to a significant decrease in group home placements and an increase in less restrictive, more home like environments (placements in home environments were at 39.9% before Wraparound and 62.6% afterward).
- Wraparound contributed to increased placement stability where 55.9% indicated more than two placements before Wraparound services and only 7% after Wraparound services.

It should be noted that these analyses suggest that Wraparound positively impacts the children, youth and families who participate in the program, as evidenced by increased rates of reunification, decreased rates of re-entry, and increased placement stability. Future areas of evaluation intend to focus on exploring outcomes for having case closed or open after Wraparound services and further comparisons with similar non-Wraparound youth so that the clear benefits of Wraparound services to families can be highlighted.

## **Collaboration**

### ***Team Decision Making (TDM)***

Family-to-Family Team Decision Making (TDM) is a value-based, principle driven initiative designed to improve outcomes for children in foster care by involving their family, extended support members and the community in key safety and placement decisions. CSD currently has 10 full-time TDM facilitators, with four additional TDM facilitator positions available but unfilled, and several additional Back-Up TDM facilitators throughout the operational regions.

In 2013, Children's Services TDM facilitators conducted more than 1500 TDM meetings. In 2014, the roles and involvement of TDM facilitators have evolved to include significant contributions to Pathways to Wellness (formerly Katie A.) and RDD programs. TDM facilitators participate in the Pathways to Wellness training, coaching, and informing subcommittee, and are also charged with conducting the Child and Family Team Meetings (consistent with the Katie A. Core Practice Model). TDM facilitators and the RDD team have created a joint pilot project to conduct a TDM meeting when:

- African American children have been identified as being at imminent risk of being removed from the care and custody of their parents.
- An African American family is transitioning from Family Reunification (FR) services to Family Maintenance (FM) services.

Additionally, TDM meetings throughout Riverside County have included HOPE Collaborative staff in 2014. The HOPE Collaborative staff members have been very helpful in assisting families to identify resources and services, and making supportive connections within their communities.

The focused effort of conducting TDM meetings with African American families can be connected with, both an increase in the reunification rate for African American children, as well as a decrease in the re-entry rate for African American children.

## ***Racial Disparity and Disproportionality (RDD)***

In 2008, following collaborations between the County of Riverside Department of Public Social Services, the Casey Family Programs, Annie E. Casey Foundation, Stuart Foundation and California Department of Social Services, the need to address RDD in Child Welfare Services was very clear. In California and Riverside County, African American children are disproportionately represented in the Child Welfare System.

The focus of RDD is to increase client engagement and provide culturally specific services with the mission of increasing placement stability with safe and timely reunification, while decreasing the rate of re-entry into the foster care system for the African American families served.

The RDD workgroup has attempted to increase awareness and enhance efforts to reduce racial disparity and disproportionality countywide. It should be noted that this is a collaborative effort with community partners and Faith in Motion partners. From March to June 2014, efforts to reduce RDD were contained to the Valley region, as this region has the highest number of African American children and some of the highest rates of disproportionality in the County. Data revealed that RDD is a significant concern within specific zip codes countywide; therefore RDD presentations were completed in all operational and centralized regions. After completing presentations, regional “Champions” were identified and added to the RDD workgroup.

Regional Champions are tasked with:

- Identifying region-specific community partners
- Increasing awareness within their assigned region
- Acting as the liaison between the region, workgroup, and the community
- Identifying barriers and promising practices for improving outcomes
- Identifying patterns and trends in practice

Planning assistance was provided by Casey Family Programs and Margaret Jackson, the director of the Cultural Broker program in Fresno, which has successfully reduced RDD for African American children. The collaboration with Casey Family Programs and Margaret Jackson resulted in the development of a TDM Community Representative Pilot.

The TDM Community Representative Pilot requires the region to:

- Conduct a TDM for all African American children who are at imminent risk of removal (or within five business days after detaining an African American child including W&IC 387 detentions).

- Conduct a TDM prior to reunifying African American children with their parents (FR to FM), or within five business days after the court orders reunification against the Department's recommendation.

These efforts can be linked to an increase in the reunification rate, a decrease in the re-entry rate and improved placement stability for African American children.

### ***Faith in Motion***

Faith in Motion is a collaborative initiated by CSD to engage faith based organizations throughout Riverside County in assisting children and families that have either been impacted by abuse and neglect, or who have a need for assistance, support, and a meaningful connection to their communities. The collaborative efforts between CSD and Faith in Motion provides the children and families with a clear and helpful path to connections and resources that can meet their needs, whether they are first entering the Child Welfare System, or to establish a lifelong connection for those youth who age out of the Child Welfare System as Non-Minor Dependents.

The Riverside County Faith in Motion initiative currently is comprised of 50 very active and motivated organizations. Efforts being made by faith based partners include:

- Increasing the resources available to foster children and their families within the communities in which they live and worship.
- Increasing the successful (safe and timely) reunification of children with their families while providing the long term connections within their community that promote family stability.
- Increasing placement stability for foster children by recruiting, training and supporting highly motivated members within their communities to be county licensed foster homes.
- Increasing the long-term positive outcomes for foster youth by assisting them with support in independent living, housing opportunities, employment preparation, tutoring and college assistance, with a goal of creating life-long, permanent connections in the communities in which they live.
- Building effective relationships with other faith based and community organizations to bridge any existing gaps in services and resources that may be needed by the families we serve.

Riverside County's Faith in Motion initiative received a California State Association of Counties (CSAC) Merit Award in 2014 for:



- Organizing and connecting local faith based communities with CSD Social Workers (Adopt a Social Worker) to assist in meeting the needs of children and families receiving Child Welfare Services while also filling critical resource gaps for families in their communities, and
- Recruiting, training and supporting more than 65 very motivated county licensed foster families.

The Riverside County Faith in Motion initiative is extending well beyond the geographic boundaries of Riverside County in an effort to broaden and deepen the network of faith based organizations that are engaged in serving the foster children and families in their communities. This enhances the ability to access services for Riverside County clients extending beyond County. This year CSD launched the Southern Counties Faith in Motion Collaborative. This is a collaborative of Faith in Motion partners from Riverside, Orange and Ventura counties. The inaugural meeting was held October 6, 2014 in Ventura County with two additional meetings scheduled in 2015. The Southern Counties Faith in Motion Collaborative continues to grow, adding faith based organizations in San Bernardino County, and initiating meetings with San Bernardino County Children's Services. Faith Motion has also coordinated several foster parent recruitment events, including one that yielded over 40 requests to become foster parents. Additionally, Faith in Motion arranges mentors from faith-based organizations for several of the youth CSD serves, as well as meeting some of the financial needs and providing furniture, clothing, and bicycles, etc. to hundreds of families served by CSD. Currently 79 children are receiving one on one mentoring from faith-based partners. Efforts are currently underway to quantify the impact Faith in Motion has had on the families who have received these services.

### ***Educational Liaisons***

The Educational Liaison program is a comprehensive interagency program that supports children in foster care with educational services, in addition to:

- Supporting children in continuing to attend their school of origin when possible.
- Assisting in the immediate transfer and enrollment in a new school when the transfer of school is necessary.
- Ensuring placement in the least restrictive educational setting that meets the needs of the foster child/youth.
- Assisting in obtaining and transferring of:
  - Academic and medical records
  - Immunization records
  - Proof of residency

- School uniforms
- Any fees or materials owed to the previous school
- Ensuring the proper transfer of school credits for courses completed partial credit for classes taken and all grades.
- Assisting in requesting and implementing Individualized Education Plans when required.

The Educational Liaison program currently consists of three Educational Liaisons with specific caseloads. The caseloads are:

- Grades K-8,
- Grades 9-12, and
- Group Home youth

CSD, in collaboration with Riverside County Office of Education (RCOE), hired an attendance/registration technician (ART) in the fall of 2014 to assist with obtaining school records and registration, and a fourth Educational Liaison will be added in early 2015 to work specifically with Non-Minor Dependents (NMD).

An Educational Liaison is currently co-located in an office with social workers from CSD's Group Home units. Staff have found the accessibility of the liaison quite beneficial in that they are able to more quickly address the educational needs of our more high risk youth.

In Year 1 of the current SIP and start of Year 2, the Educational Liaison program was designed as a short-term engagement, and presented challenges in evaluating its effectiveness beyond basic descriptive analysis. For the current year, and moving forward, data is being collected which will allow CSD to measure the effectiveness of these efforts over time, such as graduation rates and SIP outcomes of placement stability and rates of reunification and re-entry.

To accurately measure the long-term effectiveness of the Educational Liaison efforts, CSD is coordinating with RCOE in developing and implementing a more effective evaluation plan that combines quantitative and qualitative aspects, starting with collecting baseline data in September 2014. Data collection for the quantitative portion of evaluation is underway, and Educational Liaisons are sending the initial assessments to the Research Specialist evaluating the program.

The qualitative aspect is new to the evaluation plan, and it will provide a different perspective of the program. A program evaluator, using purposeful samplings of selected foster children from the Education Liaisons' caseloads, will observe and follow the academic progress throughout the academic year. Several case stories include youth who have transitioned to more appropriate educational settings, and were ensured they maintained the educational rights afforded to them, including having credit

requirements reduced due to foster care placement changes, having credits recovered, ensuring IEPs are timely, and expeditious assistance with fees and fines.

### ***Independent Living Program (ILP)***

CSD's Independent Living Program (ILP), under Youth and Community Resources (YCR) region, provides services to eligible youth aged 16-18 in Planned Permanent Living Arrangement (PPLA) and Non-Minor Dependent (NMD) young adults up to age 21. YCR has 25 social workers that are well-versed in specific needs of youth and young adults so as to improve:

- Services aimed at increasing placement stability and reducing re-entry outcomes
- Ensuring successful transition to adulthood

The Independent Living Program (ILP) provides youth and young adults with services aimed at promoting education, employment, permanency, health, safety and providing current and former foster youth with resources that promote self-sufficiency and independence through the centralized case management program, and the ILP community based program.

In 2013, CSD ILP provided services to a total of 670 youth and young adults that can be broken down in the following categories:

- 481 in-care youth
- 66 after-care youth
- 123 NMDs

Further, CSD has partnered with Oak Grove Center for Education and the Arts to provide training, advocacy, mentoring, and support services to ILP-eligible CSD and Probation youth. Currently, Oak Grove staff members consist of: one Program Director; one Program Coordinator, one Supervisor II/Community Partner Liaison, a Staff Supervisor, seven Facilitators, eight Life Coaches, and three Peer Mentors who implement the evidence-based curriculum, as well as a number of former foster youth who serve as mentors. In total, approximately 20 Oak Grove ILP social workers regularly work with in-care youth, and have proven to be very responsive to the needs of youth and young adults in the program.

Oak Grove continues to utilize the evidence-based life-skills curriculum entitled ARISE and has seen life skills workshop attendance increase greatly since its implementation. The program has seen success in the following ways:

- On June 11, 2014, Oak Grove celebrated another 14 Program Graduates. This was their third set of alumni to graduate all 40 weeks of Life Skills classes.

- As of August 2014, a combined total of 339 youth have graduated from the first two quarters of Life Skills workshops.
- Oak Grove successfully increased youth's Daily Living Skills total and Mastery scores by more than 25% overall for all youth served in the program.<sup>6</sup>
- Due to increased demands, Oak Grove has added another workshop location in Corona, which marks the 8<sup>th</sup> service location for THRIVE in Riverside.

Currently, the ILP Consortium is developing goals and measures to ensure:

- Placement stability
- Increasing High School graduation rates for ILP Youth
- Increasing College attendance for ILP Youth
- Increasing financial literacy and stability
- Expansion of the transitional housing program
- Expansion of Foster Care THP+FC program
- Surveying caregivers of youth who have graduated from high school
- Continuing to expand Project Graduate

Additional plans for ILP include: continuing to increase the number of participants in ILP THRIVE, measuring participation rates, increasing community partnerships to further specify ILP goals, modifying the existing Efforts-to-Outcomes (ETO) database to better capture data for non-minor dependent (NMD) clients, and hiring an additional Educational Liaison to work specifically with NMDs. ETO is utilized to collect program information on all youth who participate in ILP services.

ILP challenges include:

- Transportation, especially for youth who live in remote locations, to attend important workshops.
- Increased staff caseloads
- Limited placement resources
- Availability of appropriate mental health services for youth transitioning from group homes and remaining in Extended Foster Care (EFC)

Although ILP is faced with challenges, the focus is on partnerships with, and focused service delivery from, ILP providers who are critical and meaningful to youth who receive ILP services.

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<sup>6</sup> Daily Living Skills and Mastery are assessments utilized by Oak Grove to measure youths' progress in developing Independent Living Skills.

## **Youth Partners**

While confronting the challenges of improving the outcomes for children and families receiving Child Welfare Services, the ability to significantly improve these outcomes for our older youth and young adults came with adding Youth Partners as employees. Our Youth Partners are available to provide direct services to those youth and young adults who face obstacles that are specific to this age-group, life experience and situation. Often these obstacles include, or are aggravated by, frustrations and disappointment with:

- Frequent placement moves
- Family relationships
- Their foster, kinship, group home placements or care providers
- The limits on the free will in their life (inherent in the Child Welfare System experience)
- On-going demands of participating in services
- The ability to have their unique needs met by their assigned Social Worker

In 2011, Riverside County developed the classification of Youth Partner and began by recruiting and hiring four former foster youth to work with the Youth & Community Resources Region. Currently, CSD has five full time Youth Partners and one additional position that is available to fill. Using the strength and credibility of their own experience navigating the Child Welfare System as foster youth, the Youth Partners empower, advocate, mentor and support the youth and young adults currently struggling in foster care. The Youth Partners are currently focusing efforts in two areas:

1. Increasing placement stability for youth in foster care by:
  - a. offering priority to youth with mental health needs, experiencing frequent placement disruption and those experiencing instability in their education
  - b. serving as advocates at TDM and CFT Meetings
  - c. assisting identified youth through follow-up care to reach important identified goals
  - d. encouraging and supporting youth to cooperate and actively benefit from services and supports
2. Introducing and integrating the youth experience, voice and perspective into the Children's Services Organization and Systems by:
  - a. representing the youth perspective in multi-disciplinary meetings

- b. educating community partners, contracted service providers and CSD staff on youth specific topics such as Commercially Sexually Exploited Children (CSEC), permanency needs, youth engagement and teen pregnancy
- c. presenting the needs of foster youth through community outreach efforts
- d. participating in the development and reviewing of new and modified Children's Services policy
- e. involving Youth Partners in several of the on-going CSD strategic initiatives and community partnerships such as:
  - i. Pathways to Wellness implementation
  - ii. Racial Disparity and Disproportionality (RDD)
  - iii. Faith in Motion
  - iv. Client and Family Engagement
  - v. ILP Consortium
  - vi. Council on Youth Development
  - vii. Transitional Housing Plus Provider
  - viii. HOPE Collaborative
  - ix. iFoster, and
  - x. CSEC Steering Committee and partner organizations

During this past year, the Youth Partners have:

- Attended and participated in 42 TDMs
- Attended and participated in 3 CFTs
- Received service referrals for 47 individual youth
- Contacted and encouraged youth to complete the National Youth in Transitional Database (NYTD) survey
- Delivered NYTD incentive gift cards to youth following survey completion
- Completed presentations at CSD regional meetings
- Conducted presentations at CSD induction classes
- Participated in the Core Practice Model Video and focus group
- Conducted presentations at the Faith in Motion Foster Parent Recruitment at Mount Rubidoux Church, RCOE YES Program, CSEC training for group home staff and youth, and Pathways to Wellness
- Participated in the CSUSM Getting to College Day



- Made available the Youth Partner Referral form in all Operational Regions
- Intervention with runaway youth
- Support for CSEC victims

In the coming year, CSD intends to further develop the role of Youth Partner to include involvement in Standby-Callback and Command Post duty and to be available for youth and or young adults returning from Runaway/AWOL status. Outcome measures are being developed in order to measure overall program effectiveness.

### **Probation Department:**

This section summarizes the Probation Department's progress on the six strategies identified in the 2013-2018 System Improvement Plan. Two of these strategies (promoting evidence-based practices, expanding and evaluating Wraparound) are shared efforts with CSD.

#### ***Strengthen probation officer practices***

The action step for December 2013 through December 2014 was to continue the implementation of Motivational Interviewing and Forward Thinking programs. Although the training in Motivational Interviewing was completed by the members of the placement unit prior to the end of 2014, staff movement required additional staff to be added, thus causing the need for additional staff to be trained. As such, all placement staff members are either currently trained in Motivational Interviewing or are scheduled to attend training in April 2015. Additionally, the plan to centralize the Forward Thinking program with Probation's Field Projects Division, as noted in the first SIP update, has been completed. This was done in an effort to ensure consistency and standardized oversight in the implementation of evidence-based practices. Additionally, in evaluating the implementation of strategies learned through the Motivational Interviewing training, it appears that those officers who have completed the training are more likely to use the minor's case plans, treatment needs, and personal strengths to guide their contacts and case management. This evaluation will continue throughout the next reporting year.

***Strengthen probation officer practices by improving placement-based mentoring, and use of goals/outcome-based placement visitation***

The action step for December 2013 through December 2014 was to assess Probation's Mentoring Program to implement improved placement-based coaching, and evaluate the feasibility of incorporating a goals/outcome-based Placement Visitation Form by December 2014. The goal of using this form was met by December 2013. Probation continued to monitor the form's effectiveness throughout 2014 to ensure case plan goals and objectives were being addressed during monthly contacts with minors and their parents and/or guardians, and the correct information was being entered into the CMS/CWS system. This action step has led to success; in that, many probation officer discussions with parents, guardians, and minors focus on progress toward completing case plan goals rather than how much longer placement will last.

Additionally, the Placement Staff Mentoring Program now includes consistent mandated Placement CORE training by UC Davis, and peer mentoring of newer staff by more experienced staff. Moreover, placement supervisors also attend Placement SPO CORE training through the UC Davis program. Utilizing both in-house and provider based trainings appears to have not only strengthened the effectiveness of the communication between the probation officer and the minor and family, it also seems to have empowered the probation officers to be more proactive with the service providers and ensure they are providing the appropriate, individualized, evidenced-based practices that are required for each minor to reunify with his or her family in a timely fashion. This evaluation will continue throughout the next reporting year.

***Improve placement support and services by requiring placement providers to utilize Evidence-Based Programs (EBP)***

The action step for December 2013 through December 2014 entailed exploring the use of community-based organizations (CBOs) and service providers (SPs) who adhere to an evidence/performance-based care model by December 2014. Probation implemented the Placement Review and Revision Committee, which met bi-weekly to discuss the effectiveness of the services provided by each of the SPs and CBOs utilized by Riverside County's Probation Department to address the needs of our minors placed out of the home. This has proven to be beneficial; in that, three additional SPs were evaluated and determined to meet all Community Care Licensing mandates and adhere to an evidenced-based care model. As such, the placement unit was able to utilize them for the placement of minors, which resulted in less wait time when traditionally used placements were at

capacity and more of an incentive for the department's traditionally used SPs to ensure the services they provided warranted first consideration when a placement need arose. The committee also revised the Placement Handbook, which detailed the probation department's expectations of the SPs and held quarterly meetings with placement facility directors. These steps were particularly helpful as they afforded the committee opportunities to reinforce the expectations noted in the handbook and discuss concerns common to multiple SPs with the directors of the SPs. The quarterly meetings also afforded the directors of the SPs and probation staff the opportunity to network in an effort to improve programing and share CBO resources. These steps and the evaluations of them will remain ongoing.

***Improve placement support and services by improving initial and ongoing assessments of minors to reduce placement failures/runaways and promote and maintain first/best placement fit***

The action step for December 2013 through December 2014 included evaluating the initial and ongoing treatment service plans of CBOs and SPs for individual and minor-specific goals. These plans continue to be evaluated for each minor placed out of the home to ensure the goals noted in them are specific to each minor's needs and not a "cut and paste" version of all the services a SP provides. This has been advantageous as it has afforded the placement officers the opportunity, at the earliest stage of the placement process, to confirm a minor's treatment service plan and case plan goals match. Additionally, should a placement officer determine these goals are divergent with multiple minors in the same SP facility; the matter can be addressed through the chain of command with both the Probation Department and the SP in an effort to correct the issue on a more procedural basis. Should that not correct the issue, the use of said SP could be placed on hold or terminated.

Placement officers also conducted evaluations of the quarterly client evaluations by placement providers to determine if potential improvements in efficiency and accountability were necessary. These resulted in the Placement Review and Revision Committee addressing the expectations of the quarterly evaluations in the revised Placement Handbook and addressing these expectations with the placement directors at multiple quarterly directors' meetings. This area is commonly a challenge as various therapists and SP staff members provide input for the quarterly reports thus making consistency an ongoing issue. However, consistency has increased since implementing this action step.

***Increase a minor's retention in familiar environments and culture by expanding family-centered community-based Wraparound Program***

The action steps for December 2013 through December 2014 included evaluating current

Wraparound Program utilization and processes, comparing actual practice to policy, and developing expansion recommendations. The steps for December 2014 through December 2015 include integrating the approved recommendations. This first step was very advantageous; in that, it focused the collaborative efforts of the Probation and Mental Health Wraparound units on the possibility of partnering with other community based services to address common areas of rehabilitative needs previously beyond the scope of traditional Wraparound services. The areas of evaluation and potential expansion in this area seemed so promising that the departments were able to gain executive approval ahead of schedule and began implementing and evaluating the second action step as noted in the following:

An early intervention Wraparound service was the first to be implemented in the beginning of 2014. It entailed offering Wraparound services to the families of minors who had been supervised on a traditional field supervision caseload at the maximum supervision level for at least six months. These minors had not done anything to rise to the level of a probation violation, but had not made any significant positive strides toward downgrading their supervision levels either. For these families, participation in Wraparound would be completely voluntary and not require a court order of cooperation. There has been minimal participation in this expansion program; however, the probation juvenile field supervision unit continues to monitor their caseloads and offer it to those minors who qualify.

The Multi-Dimensional Family Treatment (MDFT) Wraparound expansion program has had much more success in finding participants. It began shortly after the early intervention Wraparound program began in early 2014. It is referred for those minors whose primary rehabilitative need is addressing substantial substance abuse. As juvenile substance abuse often goes hand-in-hand with family conflict, and substance abuse treatment in a placement setting is often repeatedly unsuccessful, it seemed likely the persistence of Wraparound services in addressing the family needs combined with MDFT addressing the substance abuse issues would be beneficial. This collaboration has been extremely successful. There have been approximately 10 minors participating in the program; all but one of them showed significant improvement and at least two minors have already graduated successfully.

The Adolescent Offender Group (AOG) Wraparound expansion program was implemented in September 2014, and it has also had great success. It is referred for those minors whose primary rehabilitative need is addressing sexual offender behavior. Much like juvenile substance abuse, families of minors who commit sexually based offenses often deal with family conflict in the home. This conflict is often due to shame or anger related to the offense. As such, it appeared likely that treating both

issues together would be beneficial, and thus far it has as none of the participants have violated the terms and conditions of probation. Moreover, one participant is scheduled to graduate from the AOG portion of the program in June 2015.

The final expansion program came about due to minors being required to wait for Wraparound services as the probation Wraparound deputies' caseloads were at capacity. As such, both departments gained executive approval to operate a "Bridge" Wraparound program. With this program, a traditional field supervision deputy would work with the Mental Health portion of the Wraparound team to provide Wraparound services to the minor until a Wraparound deputy had an opening. At that point, the Wraparound officer would replace the temporary probation officer on the team. This effectively eliminates any delay in Wraparound services due to Probation staffing issues.

One final Wraparound expansion program is currently awaiting approval from the executive team at the Department of Mental Health. It is a step-down program for minors who enter placement prior to their 16<sup>th</sup> birthday. Data shows that six in twelve minors who entered placement prior to their 16<sup>th</sup> birthday in 2013, re-entered placement within 12 months of reunifying with their parents. As such, it is hoped this step-down program will assist in helping the entire family assimilate back into a productive family unit in the community. This and the additional expansion programs will continue to be evaluated in 2015.

***Improve communication of and connection to available family specific services by developing the "resource specialist" concept***

A "resource specialist" position is in the process of being created. It will likely fall under the responsibility of a Probation Specialist. It is being designed to evaluate and improve probation, familial, and placement awareness of proven community resources. A complete list of community resources is being revised and will be made available to all interested parties. This step is expected to be completed by June 2015.

**Additional CSD Action Steps and Strategy Support**

No additional action steps have been identified in Year 2 and there are no significant reductions in spending, or plans to reduce spending, to report. Riverside County is actively engaged in the implementation of all 14 strategies. As focus and attention are currently on training and developing new staff, the strategies are included in Induction and ongoing refresher trainings. Furthermore, "champions" have been identified for various strategies, to assist in continued implementation.

Outcome measures are currently being built into all programs and contracted services in order that qualitative and quantitative data can be utilized to guide practice and future services.

## **OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION**

Recruitment and retention has been a focus, as it has been a challenge to reach staff capacity and therefore reduce caseloads. Increased staffing and reduced caseloads would enable child welfare social workers to focus more on engagement with families and utilization of strategies such as CPFT, TDMs, CFTs, FRCs and consultation with Educational Liaisons.

Another barrier is the current lack of a Program Evaluation Unit to develop measurable outcomes for the identified strategies and analyze data related the efficacy of the services provided to families. CSD is in the beginning process of recruiting administrative staff for the Program Evaluation Unit, as well as developing retention strategies for existing analysts and research specialists.

A barrier pertaining to our non-minor dependent population is inadequate funding for youth in supportive transition. Staffing levels remained the same and there was no additional funding in order to provide the level of support and guidance that we would like to provide for our young adults' efforts toward emancipation. ILP challenges include a lack of transportation resources, limited placement resources, and lack of availability of appropriate mental health services for young adults transitioning from group homes and remaining in EFC.

In January 2015, the eligible EFC population was expanded to include youth in Legal Guardianship or Adoption under circumstances when their parent is now deceased or is no longer willing to provide support. An analysis of the needs is necessary to meet the new requirement and ensure adequate systems are in place to serve the young adults effectively, and that resources are allocated. An additional barrier is a lack of sufficient transitional housing for our EFC population.

Placement resources in general are a strong need, in addition to placements for special needs youth, such as medically fragile and/or youth with behavioral or mental health needs. Further, Resource Family Assessment will cause delays in relative certifications, and reduce our ability to make emergency relative placements.

In preparation for Congregate Care Reform, CSD will need additional resources to put in place in order to conduct group home placement assessments, develop transition plans, and transition children and young adults to less restrictive, more family-like settings.

## PROMISING PRACTICES/ OTHER SUCCESSES

### Children's Services Division:

#### ***Recruitment and Retention***

A tremendous investment of time and effort has been made this year in Social Worker recruitment and retention. The loss of about 90 trained, case-carrying Social Workers in 2014 through attrition presented a continuous challenge and resulted in considerable efforts to promote retention strategies and focus on new recruitment efforts. The recruitment efforts resulted in hiring interviews with more than 265 Social Worker candidates, 190 new hires and several more veteran social workers returning to the field of Child Welfare. Our Staff Development training officers completed Social Worker induction training for a total of 135 Social Workers during this period.

Social Worker recruitment and retention activities are not included in the 14 SIP strategies detailed in the Riverside County Five Year System Improvement Plan (2013 – 2018). However, to “build and maintain a well-trained workforce in sufficient numbers” is one of the five strategic three-year goals in the current CSD strategic plan. Maintaining a sufficient number of well-trained social workers is a crucial component to providing Child Welfare Services to the children and families of Riverside County. A recruitment and retention workgroup, consisting of social workers, supervisors and managers, meets monthly to develop plans of action to recruit skilled social workers and reduce the division’s attrition rate. A skilled and motivated workforce has greater potential to improve CSD outcomes, and improve the quality of services to the children and families served.

CSD has made a significant investment of time and effort in developing and promoting strategies which enhance communication, assist in identifying systemic challenges experienced by social workers, and focus resources for those experiencing workplace stress. Three key strategies have been employed this year, they are:

- Supervisors Advisory Group (SAG)
- Morale Committee
- Mindfulness training

SAG meets monthly with the CSD Assistant Director and brings together Social Service Supervisors representing operational, centralized and administrative regions for the purpose of opening communication across all functional areas of CSD, identifying challenges, and developing solutions that support removing or overcoming barriers before the functioning of the workforce is disrupted.

The Morale Committee meets quarterly with the CSD Assistant Director, as well as representatives from the collective bargaining union and brings together delegates from all regions and



across all job classifications to identify, discuss and address the events and/or circumstances that either assist in building the morale of the workforce, or contribute to breaking down the workforce morale. This committee meets quarterly and the members conduct additional meetings in their office or work area to communicate the activities and direction of the larger committee in improving the morale within the division. Feedback from social workers and supervisors indicates that these efforts have resulted in increased morale for staff, as communication and engagement through all levels of staffing has increased, resulting in staff feeling more valued by the organization.

Mindfulness training is being piloted in the Southwest operational region of CSD. A Licensed Clinical Psychologist has been identified and contracted to provide Mindfulness training directly tailored for Child Welfare staff. The goal of this training is to reduce workplace stress, improve coping with secondary trauma, assist with the successful management of physical and mental health and ultimately reduce turnover of case-carrying social workers. This program is currently in the pilot phase and will be assessed for effectiveness in July of 2015.

CSD is also planning training for supervisors to participate in learning circles. Supervisor Learning Circles are peer groups designed to help supervisors become more skilled in their practice of supervision, thus promoting retention of CSD social workers. Countywide training for supervisors is scheduled for March 18, 2015.

### **Probation Department:**

During the data collection and interpretation throughout this past year, it became clear that the age at which probation minors entered placement was a significant factor in all of the outcome measures addressed in the SIP. This was most evident when examining re-entry within 12 months of reunification. Even though only 6 minors who entered placement between the ages of 15 and 16 re-entered placement after reunification, this represented a significant percentage as only 12 minors were in the data pool. This was especially troublesome considering that only approximately 7.5% of minors who entered placement after their 16<sup>th</sup> birthday re-entered. This evidence led Probation to analyze the likely reasons for this discrepancy and what practices, if any, could be considered to target this population.

Working in conjunction with the Riverside County Department of Mental Health (RCDMH), Probation felt that some likely causes for this pattern with our younger placement youth include the following: impulsivity, immaturity, a lack of parental control at an early age of a minor's development, and a lack of positive parental influence (upon his/her reunification) in comparison to the negative peer influences the minor has been away from since being removed from the home. With these likely causes

in mind, Probation and the RCDMH worked to create a protocol that would compel any minor who enters placement prior to his/her 16<sup>th</sup> birthday to participate in the Wraparound program upon his or her reunification. The Wraparound services would actually begin during the last month the minor is in a placement setting. This will allow the Wraparound team to get to know the family, complete the orientation and safety plan, and potentially hold the first team meeting before the minor is subjected to the negative pressures that await him or her in the community. It will also allow the team to assist the parents and/or guardians in developing a plan to help successfully incorporate the minor back into the home.

This plan is currently being approved by both departments, and it is believed to have a high potential for success.

## **OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS**

### **Child Welfare Measures**

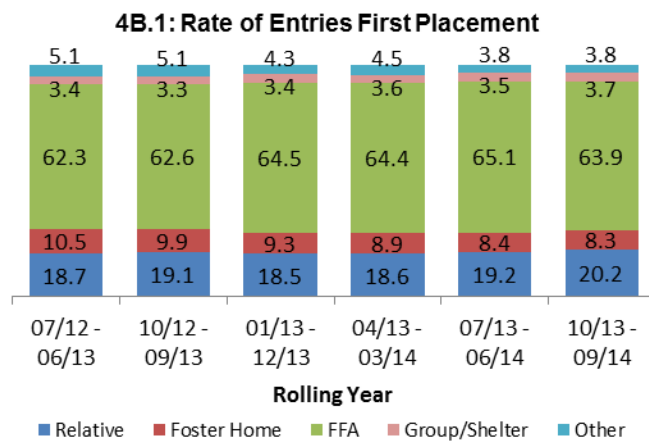
There are 4 additional measures where Riverside County Children's Services Division has been performing below state averages based on Q3 2014 data from the California Child Welfare Outcomes and Accountability System quarterly report prepared by the University of California, Berkeley. These outcome measures include:

- 4B Least Restrictive Placements (entries first placement)
- 4E Indian Child Welfare Act (ICWA) Placement Preferences
- 5B Timely Health/Dental Exams
- 8A Exit Outcomes for Youth Aging Out of Foster Care

#### **Measure 4B: Least Restrictive Placements (entries first placement):**

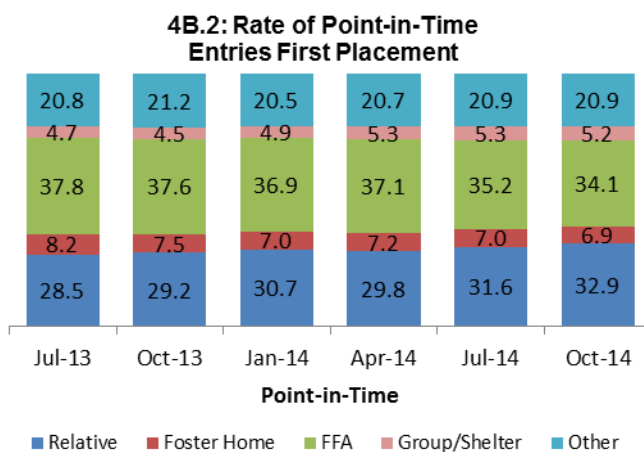
The data for this measure is drawn from a longitudinal database and contains information on all entries to out-of-home care during a specified time period. Riverside outcomes are compared to California averages. Youth 18 and over that elect to remain in care as a non-minor dependent may be placed in a new placement type, the Supervised Independent Living Placement (SILP).

FFA placements, at 63.8% (compared to 43.2% for California), are the largest percentage of any initial placement type for children in out-of-home care, followed by Relative Homes at 19.1% (compared to 27.1% for California) and Foster Homes at 9.2% (compared to 16.6% for California), as averaged over the 6 report periods between July 2012 and September 2014 (Figure 4B.1).



Placement	Average (%)	
	Riverside	California
Relative	19.1	27.1
Foster Home	9.2	16.6
FFA	63.8	43.2
Group Home	3.5	10.5
Other	4.4	2.6

Riverside County’s point-in-time rate of placement for group homes has stayed about 5%, and it is lower than California’s average of 6.4% (Figure 4B.2). In addition, point-in-time rate for FFA placements decreased by 9.3% compare to the same reporting period last year. Although Riverside County’s placement in FFA homes exceeds the state average, it is important to note that placement in FFA homes has been up and down over the same time period.



Placement	Average (%)	
	Riverside	California
Relative	30.5	35.6
Foster Home	7.3	9.1
FFA	36.5	25.4
Group Home	5.0	6.4
Other	20.8	23.5

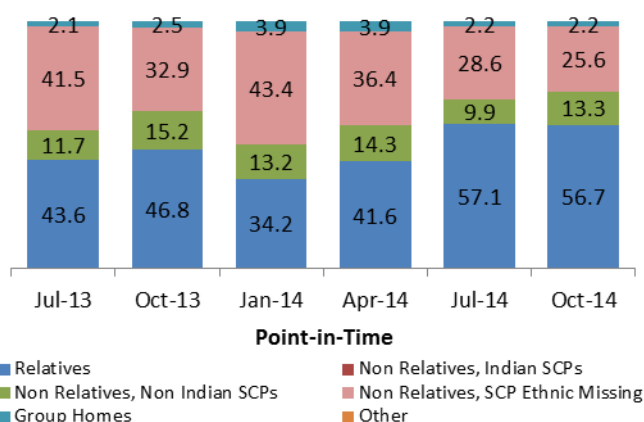
#### **Measures 4E(1) & 4E(2): ICWA Placement Preferences (ICWA Eligible/American Indian Ethnicity)**

These data examine the placement status of Indian Child Welfare Act eligible children [4E(1)] and children with primary or mixed (multi) ethnicity of American Indian [4E(2)]. Placement status considers placement type, child relationship to substitute care provider, and substitute care provider ethnicity. The resulting placement status categories are: placements with relatives; with non-relative, Indian substitute care providers; with non-relative, non-Indian substitute care providers; with non-

relative substitute care providers with ethnicity missing in CWS/CMS; in group homes (ethnicity cannot be determined); and in other placements.

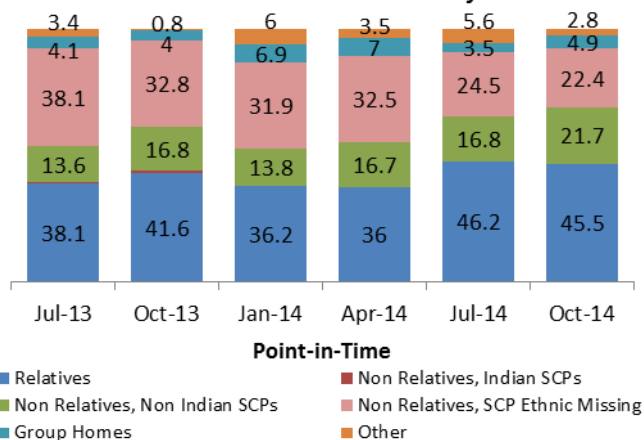
The percentage of placements in Relative Homes has recently trended upward while Non-Relative, Substitute Care Providers (ethnicity missing) has trended downward for both measures 4E(1) and 4E(2) between the beginning of July 2013 and October 2014. Relative Home placement has increased by 21.2% for measure 4E(1) and 9.4% for measure 4E(2) compared to the same report period last year. Although Riverside County outperforms California averages on Relative Home and Group Home placement types, the State performance appears very consistent over time for all placement types.

**4E(1): Rate of ICWA Placement ICWA Eligible**



Placement	Average (%)	
	Riverside	California
Relative	46.7	40.1
NR, Indian SCPs	0.0	3.1
NR, Non Indian SCPs	12.9	30.3
NR, SCP Eth Missing	34.7	14.7
Group Homes	2.8	7.6

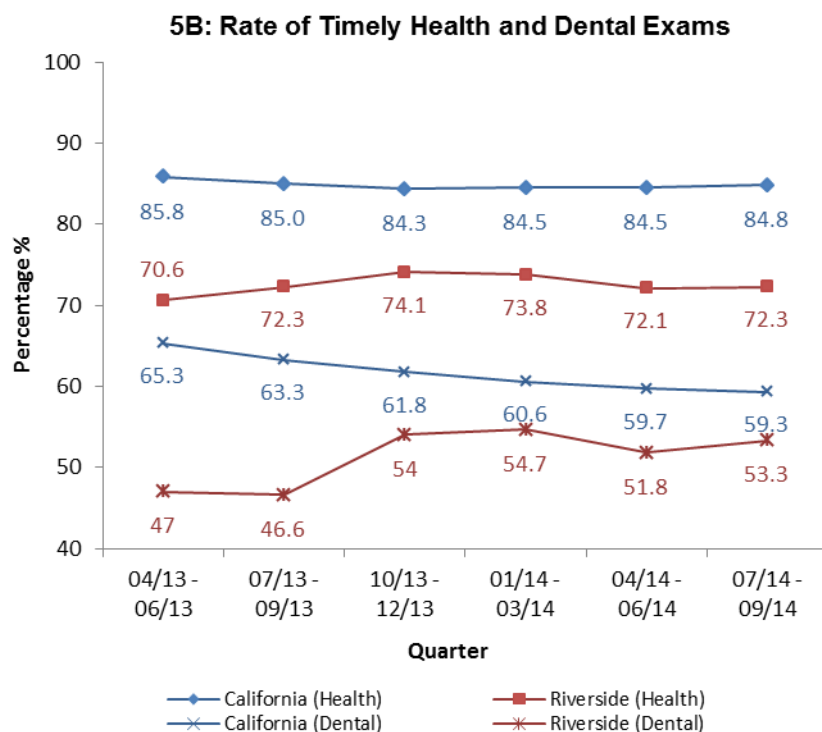
**4E(2) Riverside: Rate of ICWA Placement American Indian Ethnicity**



Placement	Average (%)	
	Riverside	California
Relative	40.6	36.0
NR, Indian SCPs	0.3	2.6
NR, Non Indian SCPs	16.6	36.1
NR, SCP Eth Missing	30.4	12.8
Group Homes	5.1	6.1

### **Measures 5B(1) & 5B(2): Rate of Timely Health/Dental Exams**

Riverside County's rates of timely health exam and dental exam have improved recently (Figure 5B), but the performances of these measures are still below the State levels (72.3% and 53.3% compared to 84.8% and 59.3% for California, respectively).

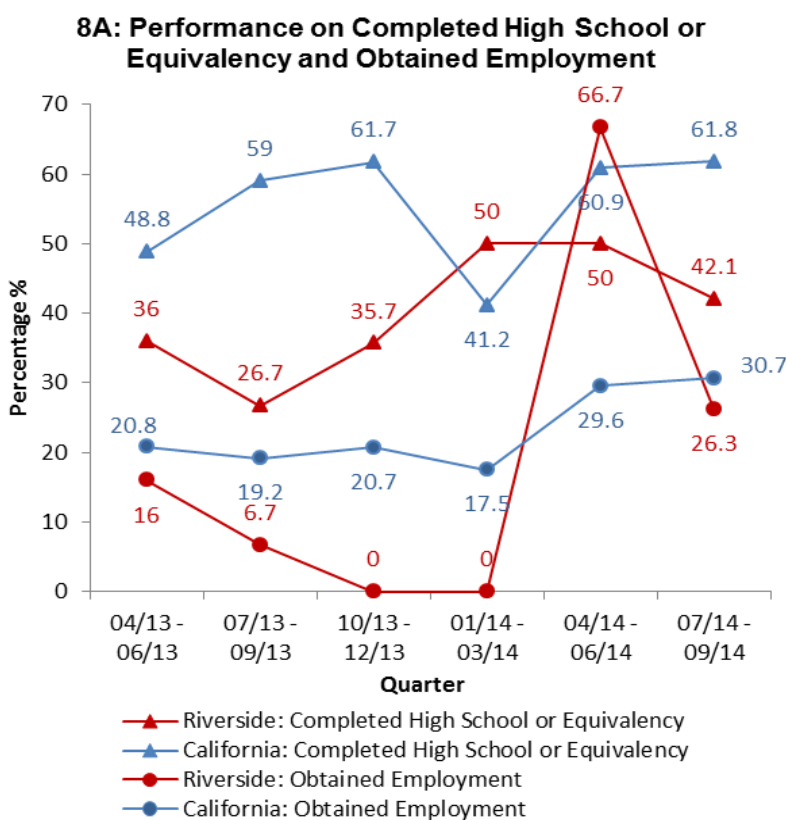


### **Measures 8A: Completed High School Equivalency/Obtained Employment/Have Housing Arrangements/Received ILP Services/Permanency Connection with an Adult**

Riverside County has experienced variability in most of the associated outcomes for measure 8A, which is to be expected given the impact of the school calendar year on some of the outcomes. The percentage of youth completing high school or equivalency that age out of foster care or are legally emancipated averages 40.1% for the period April 2013 to September 2014 (below California's average of 55.6%). Previous experience indicates that these data for graduation rates may often be entered later as educational information is updated, and thus may be more difficult to adequately track per reporting period. As such, Riverside County will continue to track this data closely to monitor graduation rates for these youth.

Riverside County foster youth continue to struggle with obtaining employment due to economic conditions. Between October 2013 and January 2014, none of child welfare supervised youth obtained

employment (compared to California's average of 19.1%). The employment rate spiked to 66.7% (compared to 29.6% of California) in the quarter from April 1, 2014, to June 30, 2014, and dropped dramatically recently to 26.3% which was lower than California's rate at 30.7%. Youth unemployment is reflective of Riverside County's higher than average unemployment rate overall. In May 2014, the national unemployment rate was 6.3% compared to California's unemployment rate of 7.6% and Riverside County's unemployment rate of 8.9%. These unemployment rates were improved from November 2013 when the national unemployment rate was 7.0%, California's unemployment rate was 8.4% and Riverside County's rate was 9.5%. As the local unemployment rate continues to decline, youth employment outcomes are expected to increase. Riverside County works closely with service providers to offer employment-related training and job search assistance to youth in care.



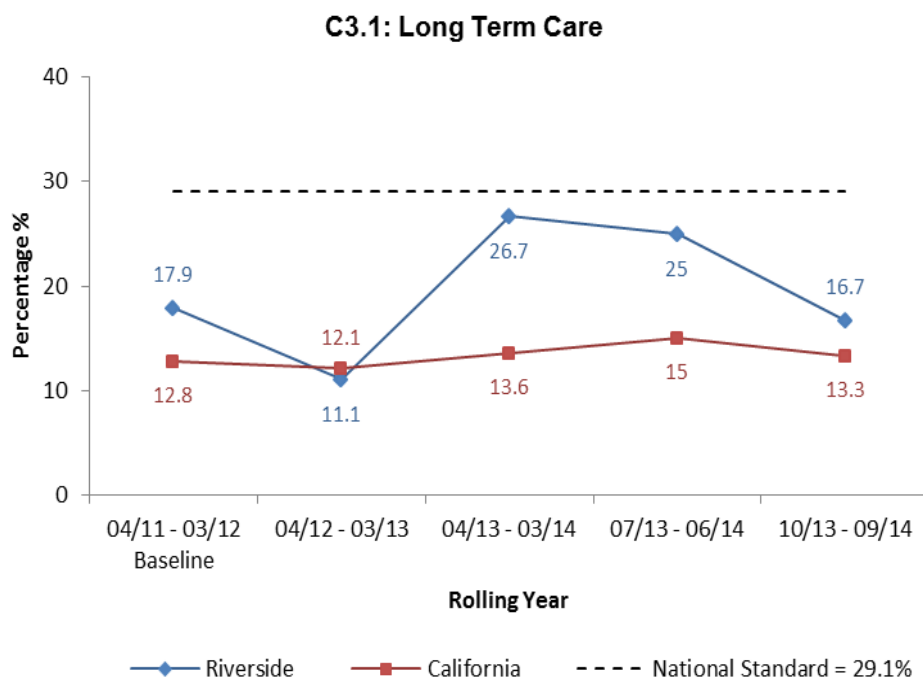
## PROBATION MEASURES

When compared to Child Welfare data, fewer of the County's outcome measures include Probation Department data. Because of this, Probation data only reflects two additional measures where the Riverside County Probation Department has been performing below State averages and National Standards, based on Q3 2014 data from the California Child Welfare Outcomes and Accountability System quarterly report prepared by the University of California, Berkeley. These outcome measures include:

- C3.1 Exits to Permanency (24 months in care)
- 2F Timely monthly caseworker visits (out of home)

### C3.1 Exits to Permanency (24 months in care):

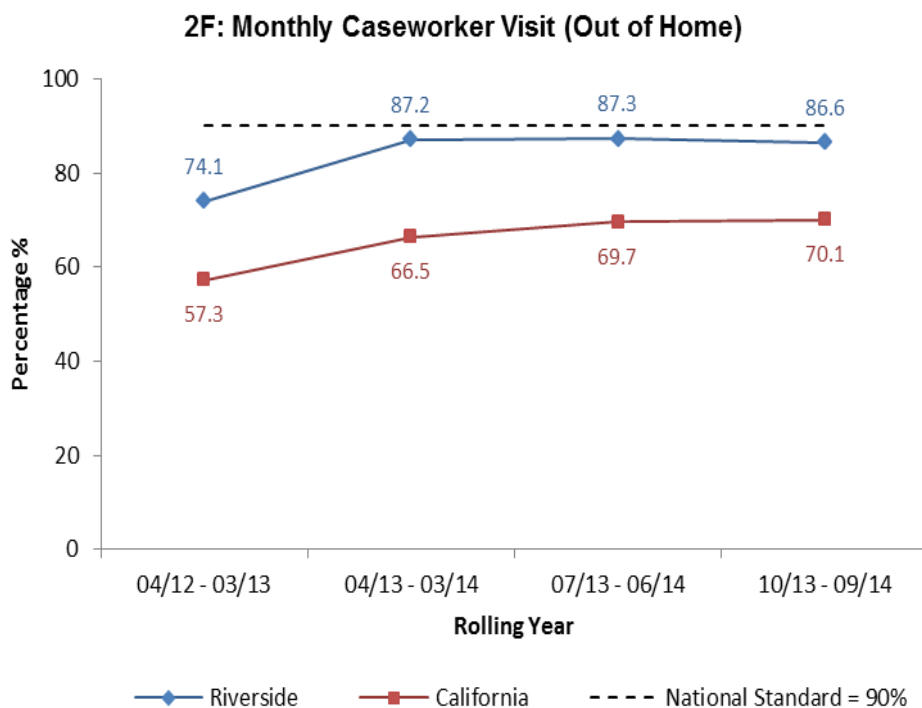
This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer. As seen in the chart below, for the last eight periods during which Probation data has been collected, Riverside County's performance has been consistently below the National Standard of 29.1%. Though there was a brief spike in performance for the period of 4/13 – 3/14 (26.7%) and 7/13 – 6/14 (25%), Riverside County's rates of exits to permanency has consistently been under the National Standard of 29.1%. However, the performance of this measure is much better than the State level from April 2013.





## 2F Timely monthly caseworker visits (out of home):

Regarding 2F, this measure calculates the percentage of children in placement who are visited by their assigned Probation Officer (caseworker). Each child in placement for an entire month must be visited at least once per month; and while this report considers each month separately, it summarizes the data for a 12-month period. Reports are generated for children in Child Welfare and Probation supervised care; however, reports for the “probation agency type” are not available for the years prior to 2012, since CWS/CMS was not structured at that time to collect client contact data for probation supervised youth. As seen in the chart below, Riverside County’s performance has been consistently below the National Standard of 90%. The most recent data for 10/13 – 9/14 shows that 86.6% of the required contacts were made. This represents an improvement of 16.9% as compared to the report period of 4/12 – 3/13. Even though improvement in this measure has been made, Probation is continuing to work toward reaching the National Standard.



## State and Federally Mandated Child Welfare/Probation Initiatives

### **Katie A. v. Bonta Lawsuit / Core Practice Model**

On August 13, 2014, Children's Services Division (CSD) and the Department of Mental Health (DMH) conducted a Pathways to Wellness (formerly Katie A.) Stakeholders' Meeting. The focus of this meeting was to keep our stakeholders informed of the progress in implementing Pathways to Wellness in Riverside County. More than 100 stakeholders attended this meeting. Year 2 progress includes:

- The Mental Health Screening Tool (MHST) is being used by CSD social workers to assess for mental health needs for every child/youth receiving child welfare services in Riverside County.
- All Five phases of Pathways to Wellness Training have been completed.
- TDM facilitators participated in the Pathways to Wellness training, coaching, and informing subcommittees, and are conducting the Child and Family Team Meetings (consistent with the Katie A. Core Practice Model).

### **Program Improvement Plan**

Riverside County continues to contribute to the success of the Children and Family Services Review (CFSR) and Program Improvement Plans (PIP), and focus on strategies that will lead to continued achievement for Riverside County and the State of California.

#### *Safety Measures*

The CFSR PIP Safety Measures include: absence of maltreatment of children in foster care; absence of maltreatment recurrence; timeliness of initiating investigations of reports of child maltreatment; services to family to protect children in home and prevent removal; risk of harm to child (risk assessment); and risk of harm to child (safety assessments). Riverside County's performance has contributed to the State's progress on a number of PIP safety measures. These measures include:

- Measure 2B - Timely responses for immediate response referrals and 10-day response referrals: Riverside County consistently performs better than the State average (99.4% for Riverside County versus 96.5% for the State on Immediate Response; 97.2% for Riverside County versus 92.1% for 10-day Response).

- Measure S1.1 - No recurrence of maltreatment: The percentage of children without a substantiated referral within the six months following initial substantiation in Riverside County is consistently higher than the State average (though only between 1-2%), with current performance (95.2%) exceeding the National standard of 94.6%.

#### *Permanency Measures*

While the slight increases in Riverside County's performance on the SIP focus outcomes of placement stability (12-24 months in care and 24 or more months in care) have contributed to the overall improvement on the State's permanency measures,<sup>7</sup> positive outcomes on a number of other State measures have contributed to the state's overall improvement related to permanency. Notable outcomes for Riverside County include:

- Measure C2.1 and C2.2 - Adoption Within 24 Months (Exit Cohort): The most recent performance for adoption within 24 months (41.3%) is trending upward from the same period in the previous year. Overall, this performance is higher than the State average and the National standard (37.9% and 36.6%, respectively). Consistent with this performance, the median time to adoption shows a downward trend from 26.4 to 25.9 months recently. This current length of stay is below the State level and the National standard (27.5 and 27.3 months, respectively).
- Measure C2.3 - Adoption Within 12 Months (At Least 17 Months In Care): The percentage of adoption within 12 months of all children who stay in foster care for at least 17 months is trending upward. Our current performance (33.6%) is higher than both the State average (21.9%) and the National standard (22.7%).
- Measure C2.4 - Legally Free Within 6 Months (At Least 17 Months In Care): Our performance for children in foster care for 17 months or longer who became legally free for adoption (15.1%) was better than the State average (9.2%). This is higher than the National standard of 10.9%.
- Measure C2.5 - Adoption Within 12 Months (Legally Free): For adoptions within 12 months, Riverside consistently outperforms the State average and the National standard of 62.3% and 53.7%, respectively, with the most recent performance on this measure at 72.9%.
- Measure C3.1 - Exits To Permanency (24 Months In Care): Over the past several years, Riverside has consistently exceeded the State average (34.7% compared to 25.1% for the

<sup>7</sup> The State's permanency measures include: timeliness to adoptions; permanency for children in foster care for extended time periods; timeliness and permanency of reunification; placement stability; permanency goals established in a timely manner; permanency goal of other planned permanent living arrangement; and family finding.

State). The County's current performance is above the National standard of 29.1%.

- Measure C3.2 - Exits To Permanency (Legally Free At Exit): For exits to permanency, Riverside's performance of 99.5% consistently exceeds both the State average of 97.8% and the National standard of 98%.

#### *Well-being Measures*

California's well-being measures include: addressing the needs and services of the child, parent, and foster parent; child and family involvement in case planning; caseworker visits with the child; and caseworker visits with parents. Riverside County's positive performance on Measure 4A (Siblings) has contributed to the State's well-being measures, as the County has been placing 76.7% of children in supervised care with some or all of their siblings, compared to 71.4% at the State level. Riverside County is making significant strides in raising the overall success rates for youth in the child welfare and probation system.

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<sup>i</sup> *CDSS County Data Reports*. Retrieved 05/17/2013, from California Department of Social Services website. URL: <<http://www.childsworld.ca.gov/PG1358.htm>>

<sup>ii</sup> *CDSS County Data Reports*. Retrieved 05/17/2013, from California Department of Social Services website. URL: <<http://www.childsworld.ca.gov/PG1358.htm>>

## 5 – YEAR SIP CHART

### Priority Outcome Measure or Systemic Factor -- Children's Services Division Outcome

C1.1: Reunification within 12 months (exit cohort, 8 days or more in care)

**National Standard:** 75.2%

**Baseline Performance:** 60.5% (01/01/2012 - 12/31/2012)

**Updated Performance:** 73.3% (10/01/2013 - 09/30/2014)

<u>Age (years)</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
<1	100	100
1-2	57.3	68.4
3-5	57.8	72.4
6-10	59.2	69.1
11-15	56.1	75.5
16-17	50.7	68.3
<u>Ethnicity</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
African American	58.4	77.1
Caucasian	66.8	75.3
Latino	57.8	71.4
Asian/Pacific Islander	93.3	68.4
Native American	63.6	100

**Target Improvement Goal:** 75.2% by 2018

### Priority Outcome Measure or Systemic Factor -- Children's Services Division Outcome

C1.4: Re-entry following reunification (exit cohort, first entry, 8 days or more, re-entered in less than 12 months)

**National Standard:** 9.9%

**Baseline Performance:** 12.5% (01/01/2011 - 12/31/2011)

**Updated Performance:** 12.1% (10/01/2012 - 09/30/2013)

<u>Age (years)</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
<1	18.1	24.1
1-2	16.5	13.7
3-5	10.9	10.8
6-10	11.6	7.7
11-15	10.0	12.6
16-17	7.6	15.5
<u>Ethnicity</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
African American	21.4	19.5
Caucasian	11.1	12.7
Latino	11.1	10.9
Asian/Pacific Islander	5.9	0.0
Native American	20.8	0.0

**Target Improvement Goal:** 9.9% by 2018, with a focus on 0 - 2-year old children and youth in group homes and FFA placements

**Priority Outcome Measure or Systemic Factor -- Children's Services Division Outcome**

C4.2: Placement stability (12 or less than 24 months in care with 2 or less placements)

**National Standard:** 65.4%**Baseline Performance:** 69.1% (01/01/2012 - 12/31/2012)**Updated Performance:** 72.2% (10/01/2013 - 09/30/2014)

<u>Age (years)</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
<1	80.7	87.4
1-2	75.5	77.0
3-5	70.5	76.4
6-10	64.5	73.5
11-15	62.5	56.7
16-17	47.0	45.0
<u>Ethnicity</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
African American	65.8	64.7
Caucasian	67.9	73.7
Latino	70.5	73.0
Asian/Pacific Islander	83.3	53.8
Native American	58.3	100

**Target Improvement Goal:** 65.4% for 11-17-year-old children by 2018**Priority Outcome Measure or Systemic Factor -- Children's Services Division Outcome**

C4.3: Placement stability (at least 24 months in care with 2 or less placements)

**National Standard:** 41.8%**Baseline Performance:** 37.1% (01/01/2012 - 12/31/2012)**Updated Performance:** 38.0% (10/01/2013 - 09/30/2014)

<u>Age (years)</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
<1	N/A	100
1-2	57.1	65.5
3-5	50.5	47.7
6-10	49.6	43.7
11-15	28.5	26.5
16-17	16.3	17.3
<u>Ethnicity</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
African American	30.5	32.2
Caucasian	35.9	30.4
Latino	40.2	43.6
Asian/Pacific Islander	30.0	71.4
Native American	22.7	13.6

**Target Improvement Goal:** 41.8% by 2018

**Priority Outcome Measure or Systemic Factor -- Probation Outcome**

C1.2: Median time to reunification (exit cohort, 8 days or more in care )

**National Standard:** 5.4 months**Baseline Performance:** ~~13.7 months~~ **13.5 months** (04/01/2011 - 03/31/2012)**Updated Performance:** 11.3 months (10/01/2013 - 09/30/2014)

<u>Age (years)</u>	Baseline (months)	Update (months)
<1	N/A	N/A
1-2	N/A	N/A
3-5	N/A	N/A
6-10	N/A	N/A
11-15	11.8	14.8
16-17	13.7	11.0
<u>Ethnicity</u>	Baseline (months)	Update (months)
African American	12.7	12.5
Caucasian	12.4	11.1
Latino	14.2	11.1
Asian/Pacific Islander	N/A	N/A
Native American	N/A	N/A

**Target Improvement Goal: 9 months by 2018****Priority Outcome Measure or Systemic Factor -- Probation Outcome**

C1.3: Reunification within 12 months (entry cohort, 8 days or more in care)

**National Standard:** 48.4%**Baseline Performance:** ~~17.1%~~ **14.6%** (10/01/2010 - 03/31/2011)**Updated Performance:** 33.3% (04/01/2013 - 09/30/2013)

<u>Age (years)</u>	Baseline (%)	Update (%)
<1	N/A	N/A
1-2	N/A	N/A
3-5	N/A	N/A
6-10	N/A	N/A
11-15	10.5	24.0
16-17	18.2	39.0
<u>Ethnicity</u>	Baseline (%)	Update (%)
African American	11.1	44.4
Caucasian	0.0	62.5
Latino	21.7	26.5
Asian/Pacific Islander	0.0	N/A
Native American	N/A	N/A

**Target Improvement Goal: 34.2% by 2018**

**Priority Outcome Measure or Systemic Factor -- Probation Outcome**

C1.4: Re-entry following reunification (exit cohort, first entry, 8 days or more, re-entered in less than 12 months)

**National Standard:** 9.9%

**Baseline Performance:** ~~10.6%~~ 9.4% (04/01/2010 - 03/31/2011)

**Updated Performance:** 14.6% (10/01/2012 - 09/30/2013)

<u>Age (years)</u>	Baseline (%)	Update (%)
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<1	N/A	N/A
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1-2	N/A	N/A
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3-5	N/A	N/A
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6-10	N/A	N/A
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11-15	25.0	50.0
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16-17	7.1	7.5
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<u>Ethnicity</u>	Baseline (%)	Update (%)
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African American	11.1	33.3
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Caucasian	0.0	0.0
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Latino	18.2	14.3
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Asian/Pacific Islander	0.0	0.0
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Native American	0.0	N/A
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**Target Improvement Goal: 9.9% by 2018**



<b>Strategy 1:</b>  <b>Strengthen probation officer practices</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.2: Reduce Median time to Reunification (exit cohort)  C1.3: Increase Rates of Reunification within 12 months (entry cohort)  C1.4: Reduce Re-entry following Reunification (exit cohort)		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Probation Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
<b>A.</b> Continue implementation of Motivational Interviewing and Forward Thinking programs  UPDATE: Motivational Interviewing training is completed. To ensure consistency and standardized oversight in the implementation of evidence-based practices using the Forward Thinking program, the program was centralized with Probation's Field Projects Division.  2014 UPDATE: Due to staff reassignments, all current placement officers will be trained in Motivational Interviewing by the end of the 2014 – 2015 fiscal year barring any unforeseen departmental needs.	December 2013 – December 2014	Ongoing	Probation Department, Juvenile Services Division, Field Projects Division	
<b>B.</b> Evaluate training delivery and transfer of learning strategies for <b>1A</b> , using audits and use of case plans/treatment needs, and implement changes based on evaluation completed in <b>1B</b>	December 2014 – December 2015		Probation Department, Juvenile Services Division	

<p><b>C.</b> Using tools developed from <b>1B</b>, monitor PO monthly contacts with minors and their families to develop and implement practice improvements, ensure quality of treatment, and facilitate successful engagement of minor/parent with probation services</p>	<p>December 2015 – December 2017</p>		<p>Probation Department, Juvenile Services Division</p>
<p><b>D.</b> Evaluate PO contact “learning curve” practice improvements, treatment quality and engagement strategies for <b>1C</b>, implement changes based on evaluation completed in <b>1D</b></p>	<p>December 2017</p>	<p>April 2018</p>	<p>Probation Department, Juvenile Services Division</p>

<b>Strategy 2:</b> <b>Strengthen probation officer practices by improving placement-based mentoring, and use of goals/outcome-based placement visitation</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
<b>Probation</b> <b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>	
<p><b>A.</b> Assess probation's Mentoring Program to implement improved placement-based coaching, and evaluate feasibility of incorporating goals/outcome-based Chief Probation Officers of California (CPOC) placement visitation form</p> <p>UPDATE: Ongoing. Placement's mentoring program now includes consistent Placement CORE training by UC Davis, mandated for all placement probation officers. Further, placement supervisors also attend Placement SPO CORE training through the UC Davis program.</p> <p>2014 UPDATE: All placement officers assigned to the placement unit for over one year have completed Probation Officer Placement Core facilitated by UC Davis. The Placement Supervisors have completed Placement Supervision Core. Any recently transferred placement deputies will attend Probation</p>	December 2013 – December 2014	Ongoing	<p><b>A.</b> Probation Department, Juvenile Services Division, Placement Unit Supervisors</p>	

Officer Core within one year of transfer into the unit barring any unforeseen needs of the department. Additionally, all placement officers utilized the “Placement Visitation Form” during client contacts to ensure all mutually agreed upon goals and objectives were continually at the forefront of the treatment process and being updated as needed.			
<b>B.</b> Using tools developed from <b>2A</b> , enhance probation officer practices to insure diligent use of case plan, treatment goals, open dialogue with minor/staff re: minor’s program improvement and family visitation, and monitoring of treatment facility programs	December 2014	December 2015	<b>B.</b> Probation Department, Juvenile Services Division
<b>C.</b> Implement items <b>2A</b> and <b>2B</b> as resources permit	December 2015	December 2017	<b>C.</b> Probation Department, Juvenile Services Division
<b>D.</b> Evaluate effectiveness of <b>2C</b> if implemented	December 2017	April 2018	<b>D.</b> Probation Department, Juvenile Services Division

<b>Strategy 3:</b> <b>Promoting Evidence-Based Practices</b> <u>Probation:</u> Improve placement support and services by requiring placement providers to utilize Evidence-Based Programs (EBP)	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.2 Reduce median time to reunification C1.3 Increase rates of reunification within 12 months (entry cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Require all new and existing service providers to utilize evidence-based or evidence-informed interventions with families, and to implement internal evaluation processes for measuring outcomes <b>UPDATE:</b> CSD continues to work closely with service providers and the DPSS Contract Analysis Unit to modify existing and future contracts and to provide technical assistance to providers. <b>2014 UPDATE:</b> CEBC and CSD <b>completed</b> the Assessment and Planning Initiative - A Road Map for Implementation of Evidence-Based Practices in March 2014. The Efforts to build the infrastructure are ongoing and will continue through 2016.	2013	<del>2015</del> Ongoing	Children's Services Division

<p><b>B.</b> Utilize technical assistance from CEBC to develop an inventory of existing evidence-based models that are effective in improving outcomes  <b>UPDATE:</b> CEBC convened focus groups consisting of TDM facilitators and service providers in July 2013. CSD has maintained contact with CEBC about follow-up data collection with the TDM facilitators. A report is expected from CEBC prior to the completion of Year 1.</p> <p>2014 <b>UPDATE:</b> CEBC and CSD <b>completed</b> the Assessment of six parenting programs and TDM in March 2014. The efforts to inventory the remaining evidence-based services will continue through 2016.</p>	2013	2014 <b>Ongoing</b>	<p>Children's Services Division</p> <p>Center for Evidence-Based Clearinghouse (CEBC)</p>
<p><b>C.</b> Utilize technical assistance from CEBC to develop a roadmap for expanding evidence-based practice in Riverside County  <b>UPDATE:</b> Following receipt of the CEBC report, CSD managers and executives will collaborate with CEBC to develop a roadmap for expanding evidence-based practices across the County.</p> <p>2014 <b>UPDATE:</b> CEBC Report completed and received. The Roadmap for Implementation has also been completed and received by the Department. The efforts for expanding evidence-based practice will continue through 2016.</p>	2013	2014 <b>Ongoing</b>	<p>Children's Services Division</p> <p>Center for Evidence-Based Clearinghouse (CEBC)</p>

Probation Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p><b>A.</b> Explore use of community based organizations (CBOs) and service providers (SPs) who adhere to an evidenced/ performance-based care model</p> <p>UPDATE: Ongoing. Probation implemented the Placement Review and Revision Committee to examine and explore CBO's and SP's who utilize an evidence/performance-based model.</p> <p>2014 UPDATE: The Placement Review and Revision Committee met biweekly to schedule evaluations of SPs previously unused by the department, revise the Placement Handbook provided to all SPs to ensure the department's expectations of the services the SPs provided were clearly documented, and plan quarterly placement facility directors' meetings wherein the department's expectations were reinforced and/or updated as needed.</p>	December 2013 – December 2014	Ongoing	Probation Department, Juvenile Services Division, Anthony Clubb, Scott Wilcox, Tari Dolstra, Isha Jacks, Natalie Rivera
<p><b>B.</b> Evaluate existing CBOs and SPs for EBP standards of care and treatment, graduation rates, and accountability-based performance reviews</p>	December 2014 – December 2015		Probation Department, Juvenile Services Division

<b>C.</b> Develop a CBO/SP list in relation to current dept. need, which incorporates EBP requirements into contracts, and release a solicitation for contracts/providers with a contract start date on or before January 1, 2016	December 2014 – December 2015		Probation Department, Juvenile Services Division
<b>D.</b> Implement items <b>3B</b> and <b>3C</b> as resources permit	January 2016 – January 2018		Probation Department, Juvenile Services Division
<b>E.</b> Evaluate effectiveness of <b>3D</b> if implemented	January 2018 – April 2018		Probation Department, Juvenile Services Division



<b>Strategy 4:</b> <b>Improve placement support and services by improving initial and ongoing assessments of minors to reduce placement failures/runaways and promote and maintain first/best placement fit</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Probation</b> <b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<p><b>A.</b> Evaluate existing CBOs and SPs for individual/minor-specific initial and ongoing treatment service plans</p> <p>Evaluate the potential improvements in efficiency and accountability re: monthly progress reports in conjunction with quarterly evaluations by placement providers</p> <p>UPDATE: Ongoing. Probation implemented the Placement Review and Revision Committee to examine and explore CBO's and SP's who utilize evidence/performance-based treatment models.</p> <p>2014 UPDATE: Placement officers ensured all SPs provided Initial Treatment Service Plans 30 days after a client was placed and evaluated said plans to ensure they addressed the specific needs of the client as identified in the Probation Placement Case Plan and Assessment. Additionally, they ensured CBO or SP services noted in the Initial Plan were provided and documented and/or revised in the Quarterly Reports. The expected content of these reports were documented in the Placement Handbook</p>	December 2013 – December 2014	Ongoing	Probation Department, Juvenile Services Division, Anthony Clubb, Scott Wilcox, Tari Dolstra, Isha Jacks, Natalie Rivera

provided to all SPs.			
<b>B.</b> Evaluate existing Interagency Screening Committee (ISC) policy and process  Require presentations by each private placement provider to ISC, to reduce placement failures/runaways by identifying first/best placement fit of minors to program	December 2014 – December 2015		Probation Department, Juvenile Services Division
<b>C.</b> Identify gaps in <b>4A</b> and <b>4B</b> to promote early and accurate identification of issues, ensure placements follow their treatment service plans, increase accountability and standard of care, and strategize for timely reunification	December 2014 – December 2015		Probation Department, Juvenile Services Division
<b>D.</b> Develop recommendations from <b>4C</b> for comprehensive initial and ongoing assessment program to improve placement support and services	January 2016 – December 2016		Probation Department, Juvenile Services Division
<b>E.</b> Evaluate effectiveness of <b>4E</b> if implemented	January 2018 – April 2018		Probation Department, Juvenile Services Division

<b>Strategy 5:</b> <b>Wraparound</b> <b>Probation: Increase a minor's retention in familiar environments and culture by expanding family-centered community-based Wraparound Program</b> UPDATE: Wraparound Outcomes Committee Collaboration: Partnership implemented between Probation, Children's Service Division, and Mental Health to comprehensively link individual wraparound provider data into a centralized database.	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
<b>A.</b> Evaluate current Wraparound baseline data and utilize as a tool to promote awareness, dialogue, and accountability UPDATE: CSD completed a baseline evaluation of data from CSD providers at the beginning of Year 1. Currently plans are underway to join CSD, Probation, Olive Crest, Oak Grove and DMH data in a single database administered by DMH. The first meeting of the Wraparound Outcomes Committee occurred in August 2013.  2014 UPDATE: Riverside County Wraparound Collaborative Summary Report Completed and Distributed June 2014.	2013 - 2015	Ongoing	Children's Services Division	

<p><b>B.</b> Evaluate program effectiveness and the link between Wraparound as intervention and long-term child and family outcomes</p> <p>UPDATE: Service providers began entering data into the DMH administered database effective November 1, 2013. Data quality assurance checks will be completed in Q4 2013 and Q1-Q2 2014. Data will be extracted from the database and linked with CSD and Probation data from CWS/CMS at the beginning of the 2014 fiscal year. The first joint annual report on Wraparound outcomes that links provider data for CSD and Probation with CWS/CMS data is expected in Q3 2014.</p> <p>2014 UPDATE: Riverside County Wraparound Collaborative Summary Report – June 2014 reports a significant increase in Home placements and a decrease in Group Home placements, increase in placement stability, and lower re-entry rate for families that completed Wraparound services.</p>	2013 – 2014	Ongoing	Children’s Services Division
<p><b>C.</b> Ongoing review and analysis of Wraparound outcomes</p>	2013	2018	Children’s Services Division
<p><b>D.</b> Expansion of client recruitment and service delivery for the Wraparound program</p> <p>2014 UPDATE: Tracking of Wraparound referrals is sent out quarterly to managers, with reminders of cases that are appropriate to refer. Currently, 203 of 230 Wraparound slots are filled.</p>	2013	2018	Children’s Services Division

Action Steps:		Implementation Date:	Completion Date:	Person Responsible:
<p><b>A.</b> Evaluate current Wraparound Program utilization/processes re: actual practice vs. policy and develop expansion recommendations</p> <p>UPDATE: Completed. The Enhanced Wraparound Referral Process was approved by the Presiding Judge, Chief Deputy Probation Officers, Managers, as well as the Supervising DA, DPD, JDP and the Juvenile Bench Officers.</p> <p>2014 UPDATE: The Wraparound Procedures were evaluated and determined to be lacking in that a family could be required to wait for an excessive amount of time for Wraparound services when the Probation Wraparound Unit was at maximum client capacity. As such, the Bridge Program was developed. This program allowed a family to receive early Wraparound services by empowering a regular field supervision deputy to work with the RCDMH Wraparound team during these instances until a traditional probation Wraparound supervision opening became available.</p> <p>Partner with Mental Health on existing/future Wraparound grant provisions and provide expansion recommendations to respective Executive Management Teams</p> <p>UPDATE: Completed and ongoing. Probation facilitated the practice of referring minors and their families to the wraparound program</p>		December 2013 – December 2014	Completed and ongoing  Completed and ongoing	Probation Department, Juvenile Services Division, Anthony Clubb, Scott Wilcox

<p>earlier, to provide them with services before they were unwilling and/or too frustrated to embrace treatment. This is expected to decrease the need for out of home placement, increase the opportunities for success and graduation, provide minors more opportunities with the Court before resorting to placement, and decrease the overall amount of time a minor and family would participate in the program.</p> <p>2014 UPDATE: The Probation Department in collaboration with The Riverside Department of Mental Health (RCDMH) provided expansion recommendations to the respective executive teams, the public defenders' office, the district attorney's office, and the sitting judges and commissioners. The recommendations were approved.</p> <p>Expansion recommendations to include components of early intervention, placement step-down to community, minor's cultural/language needs and family/extended family location</p> <p>UPDATE: Completed and ongoing. Probation will utilize monthly wraparound data, entered into the centralized database, to continually evaluate its Wraparound strategies and action steps to increase a minor's retention in the community and reduce out of home placement.</p> <p>2014 UPDATE: The Probation Department in collaboration with (RCDMH) created a proposed procedure for minors who entered placement prior to their 16<sup>th</sup> Birthday to receive</p>			
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step-down Wraparound Services upon their release as data indicated 50% (6 out of 12) Probation minors in the aforementioned age range re-entered placement within 12 months of family reunification during the past year.			
<b>B.</b> Integrate approved recommendations developed from <b>5A</b> into Wraparound Program  2014 Update: The Probation Department in collaboration with the Riverside Department of Mental Health (RCDMH) expanded the Wraparound services offered by implementing Adolescent Offender Group/Wraparound services for families coping with the repercussions of minors who committed sexual offenses, MDFT/Wraparound services for families coping with minors dealing with substance abuse addiction, and The Bridge Program, which allowed a family to receive early Wraparound services even when the Probation Department's Wraparound unit was at capacity by empowering a regular field supervision deputy to work with the RCDMH Wraparound team until a traditional probation wraparound opening became available.	December 2014	December 2015	Probation Department, Juvenile Services Division
<b>C.</b> Evaluate and monitor the expanded practices of Wraparound Program	December 2015	January 2018	Probation Department, Juvenile Services Division

<p><b>D.</b> Evaluate effectiveness of strategy as it relates to reducing median time to reunification, increasing rates of reunification, and reducing re-entry</p>	<p>January 2018</p>	<p>April 2018</p>	<p>Probation Department, Juvenile Services Division</p>
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<b>Strategy 6:</b> <b>Improve communication of and connection to available family specific services by developing the “resource specialist” concept</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
<b>Probation</b> <b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>	
<b>A.</b> Gather information: nationwide, regional and local best practices, county government agency and departmental practices (in process)  2014 Update: Juvenile Service Division staff were tasked with networking with collaborative county agencies, probation departments throughout California, SPs in and out of California, and CBOs to gather information related to resources and best/effective practices dealing with family connections and communication. They then shared the information gathered formally and informally through the chain of command, division meetings, and shared resource files.	June 2014	June 2015	Probation Department, Juvenile Services Division	
<b>B.</b> Evaluate current available resources, resource providers, and community based organizations, and complete a dept. needs assessment	June 2015	January 2016	Probation Department, Juvenile Services Division	

<b>C.</b> Generate the “resource specialist” duties profile, to be incorporated into existing clerical, probation assistant, and/or probation officer job expectations	January 2016	June 2016	Probation Department, Juvenile Services Division
<b>D.</b> Make recommendations to Executive team	June 2016	January 2017	Probation Department, Juvenile Services Division
<b>E.</b> Implement approved recommendations contingent upon available funding	January 2017	January 2018	Probation Department, Juvenile Services Division
<b>F.</b> Evaluate effectiveness of strategy as it relates to reducing median time to reunification, increasing rates of reunification, and reducing re-entry	January 2018	April 2018	Probation Department, Juvenile Services Division

<b>Strategy 7:</b> <b>Case Plan Field Tool</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
<b>A.</b> Provide training and coaching for social workers on family engagement and the development of behavioral-focused, client-informed case plans UPDATE: Training was provided between July 2012 and June 2013. Due to internal and external workloads, additional training was postponed to January 2014. 2014 UPDATE: Training Completed January 2014.	July 2012	<del>June 2014</del> June 2016	Children's Services Division Casey Family Programs Public Child Welfare Training Academy National Council of Crime and Delinquency/Children's Research Center (NCCD/CRC)	
<b>B.</b> Establish workgroups to evaluate the current coaching/training process and develop recommendations for expansion of instruction for case plan development, specific to adolescent/transitioning youth UPDATE: A core team of CPFT "champions" has been formed by CSD and monthly meetings commenced October 2013. The workgroup keeps in close communication with NCCD/CRC and PCWTA to develop recommendations for expansion of instruction.	July 2013	<del>June 2014</del> Ongoing	Children's Services Division Public Child Welfare Training Academy NCCD/Children's Research Center	

<p><b>C.</b> Provide training to social workers who work with the identified group on family networking and utilization of the case plan field tool</p> <p>UPDATE: Pilot training on the Child/Youth tool occurred in the time period specified. Feedback from the training resulted in tool revisions and a final version of the tool being released in September 2013. Phase 2 training with identified coaches occurred in January 2014.</p> <p>2014 UPDATE: Training Completed.</p>	April 2013	June 2013	<p>Public Child Welfare Training Academy</p> <p>NCCD/Children's Research Center</p>
<p><b>D.</b> Complete data analysis and evaluate the effectiveness of the initial implementation of the Case Plan Field Tool</p> <p>Develop recommendations and plan for ongoing assessment</p> <p>UPDATE: The initial evaluation of the CPFT was completed in August 2013 with promising results. A core team of CPFT "champions" has been formed by CSD and monthly meetings commenced October 2013.</p> <p>2014 UPDATE: Data collection efforts continue. The Desert Region is taking the lead in full implementation of the Case Plan Field Tool.</p>	August 2013	<del>June 2014</del> Ongoing	<p>Children's Services Division</p> <p>NCCD/Children's Research Center</p> <p>Casey Family Programs</p>
<p><b>E.</b> Recruitment and training of 8-10 child welfare social worker supervisors as Case Plan Field Tool coaches</p> <p>UPDATE: A preliminary list of CPFT coaches was developed in September 2013 and expanded in December 2013. Training for coaches will continue through 2015.</p>	July 2013	<del>June 2015</del> 2016	Children's Services Division

2014 UPDATE: The Desert Region Coaches meet weekly and provide “in-service” training and coaching to new and veteran social workers.			
<b>F.</b> Provide advanced training and coaching to ensure sustainability of practice UPDATE: A CPFT website developed by NCCD/CRC was launched in September 2013. The website provides training videos accessible to social workers in the field. Additional live training and ongoing coaching will occur through 2015.	September 2013	<del>June 2015</del> Ongoing	Children’s Services Division Public Child Welfare Training Academy NCCD/Children’s Research Center
<b>G.</b> Ongoing implementation, evaluation and revision of the Case Plan Field Tool. UPDATE: A Child/Youth CPFT was developed by NCCD/CRC in September 2013. The tool will be implemented, evaluated, and revised as needed throughout 2014 – 2018.	July 2013	June 2018	Children’s Services Division

<b>Strategy 8:</b> <b>Pathways to Wellness (P2W) Initiative</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Staff training on implementation of the Katie A. Core Practice Model UPDATE: Training and implementation will occur in 5 phases as follows: Phase I: September 2013 – October 2013 <ul style="list-style-type: none"> <li>Targeting all existing Wraparound cases</li> </ul> Phase II: November 2013 – December 2013 <ul style="list-style-type: none"> <li>Targeting all existing Group Home/ Wrap siblings/new Wraparound youth</li> </ul> Phase III: January 2014 – March 2014 <ul style="list-style-type: none"> <li>Targeting four (4) CSD regions</li> </ul> Phase IV: April 2014 – May 2014 <ul style="list-style-type: none"> <li>Continue implementation in remaining regions</li> </ul> Phase V: July 2014 <ul style="list-style-type: none"> <li>Screen and assess every new case</li> </ul> 2014 UPDATE: All Five phases of Pathways to Wellness Training have been completed.	September 2013	Completed July 2014	Children's Services Division California Department of Health Care Services California Department of Social Services Riverside County Department of Mental Health

<b>B.</b> Utilize an implementation science approach to engage Department of Mental Health in the collaborative development of an implementation and evaluation plan	March 2013	Completed December 2013	Children's Services Division Riverside County Department of Mental Health
<b>C.</b> Plan, prepare, and build the necessary supports to promote utilization of the Core Practice Model <b>UPDATE:</b> CSD and DMH have worked as collaborative partners to develop the supports necessary to promote utilization of the Core Practice Model. The Katie A. Steering Committee was developed in Q2 2013 and has been meeting monthly. The following five Katie A. subcommittees were also developed in Q2 2013 and meet on a weekly basis to address training, implementation, and evaluation needs: <ul style="list-style-type: none"> <li>• Mental Health Screening &amp; Assessment</li> <li>• Service Delivery &amp; Case Management</li> <li>• Fiscal Planning</li> <li>• Training, Coaching, and Informing</li> <li>• Data Analysis &amp; Outcomes</li> </ul> <b>2014 UPDATE:</b> The Steering Committee, Core Committee and Subcommittees are comprised of both CSD and DMH executive, management, supervisory, line staff, Parent Partners and Youth Partners. Subcommittees, the Core Committee and the Steering Committee meet monthly.	May 2013	July 2014  Ongoing	Children's Services Division Riverside County Department of Mental Health

<b>D.</b> Pilot Core Practice Model implementation and assign teams to monitor the intervention and implementation supports and make improvements as necessary	July 2014	December 2014	Children's Services Division Riverside County Department of Mental Health
<b>E.</b> Develop a plan for data collection and analysis, including the development of an ongoing evaluation plan  2014 UPDATE: The Data Analysis & Outcomes subcommittee works closely with the <del>Katie A.</del> P2W Steering Committee on a twice monthly basis to report progress.	July 2014	December 2014  Ongoing	Children's Services Division Riverside County Department of Mental Health
<b>F.</b> Evaluate baseline data and utilize as a tool to promote awareness, dialogue and accountability  2014 UPDATE: Completed. Implementation and planning are discussed in the Core Committee Meetings which have been ongoing since 2013.	July 2014	December 2014	Children's Services Division Riverside County Department of Mental Health
<b>G.</b> Full Implementation Stage – The majority of staff are using the CPM with fidelity	June 2015	July 2016	Children's Services Division Riverside County Department of Mental Health
<b>H.</b> Evaluate program effectiveness and the link between CPM as an intervention and long-term child and family outcomes	December 2015	June 2018	Children's Services Division Riverside County Department of Mental Health



<b>Strategy 9:</b> <b>Educational Liaisons Program Expansion</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
<b>A.</b> Exploration of similar practice models and the development of position description UPDATE: The position descriptions were modified and recruitment occurred at the beginning of Year 1. By Q3 2013, the program had expanded to three full-time Educational Liaisons. 2014 UPDATE: Completed.	April 2013	June 2013	Children's Services Division Riverside County Department of Education	
<b>B.</b> Plan, prepare, and build the necessary supports to promote utilization of the modified and expanded Educational Liaison intervention UPDATE: Monthly Joint Operation Meetings are held to address these action steps. 2014 UPDATE: CSD conducts quarterly Joint Operation Meetings (JOMs) to address action steps with RCOE/stakeholders.	June 2013	Ongoing	Children's Services Division Riverside County Department of Education	
<b>C.</b> Develop a plan for data collection, analysis, and ongoing evaluation 2014 UPDATE: CSD and RCOE developed a new evaluation plan involving the expanded program that will include Quantitative and Qualitative measures. Baseline data for Quantitative portion of evaluation plan is being established. For Qualitative part of evaluation,	April 2013	October 2014	Children's Services Division	

purposive sampling has been completed and the program evaluator will observe and follow the academic progress of children in Education Liaisons caseloads.			
<p><b>D.</b> Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability</p> <p>An initial evaluation of baseline data with one full-time and one part-time Educational Liaison was completed in Q2 2013. <del>An evaluation of data from the expanded program will occur following the first year of the expanded program (September 2013 – June 2014).</del></p> <p>UPDATE: An initial evaluation of baseline data with one full-time and one part-time Educational Liaison was completed in Q2 2013. Plans for evaluation of data from the expanded program have been extended due to unforeseen circumstances and will occur September 2014 – June 2015.</p>	April 2013	September 2014 2015	Children's Services Division
<p><b>E.</b> Recruitment of two additional Educational Liaison positions</p> <p>UPDATE: Recruitment occurred at the beginning of Year 1. By Q3 2013, the program had expanded to three full-time Educational Liaisons.</p> <p>2014 UPDATE: Recruitment occurred at the beginning of Year 1. By Q1 2015, the program is expected to grow to four full-time Educational Liaisons and one attendance/registration technician (ART).</p>	January 2013	January 2014 2015	Children's Services Division Riverside County Department of Education

<p><b>F.</b> Pilot a process for identifying appropriate utilization of Educational Liaisons and assign teams to monitor and improve the intervention and implementation supports</p> <p><b>UPDATE:</b> The time frame was modified again to fit with the school year.</p>	<p>September <del>2013</del> 2014</p>	<p>June <del>2014</del> 2015</p>	<p>Children's Services Division Riverside County Department of Education</p>
<p><b>G.</b> Full Implementation Stage – The majority of staff are using the Educational Liaisons model with fidelity.</p>	<p>July <del>2014</del> 2015</p>	<p>June 2018</p>	<p>Children's Services Division Riverside County Department of Education</p>
<p><b>H.</b> Evaluate program effectiveness and the link between Educational Liaisons as an intervention and long-term child and family outcomes</p>	<p>July 2015</p>	<p>June 2018</p>	<p>Children's Services Division Riverside County Department of Education</p>

<b>Strategy 10:</b> <b>Faith In Motion</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Plan, prepare, and build the necessary supports to sustain a collaborative community-directed model	July 2013	June 2014	Children's Services Division Faith-Based Partnership
<b>B.</b> Expansion of faith-based recruitment and service delivery	July 2013	June 2018	Children's Services Division Faith-Based Partnership
<b>C.</b> Develop a plan for data collection, analysis, and ongoing evaluation  UPDATE: This process is expected to begin in Q1 2014.  2014 UPDATE: A Student Intern has been brought onboard to develop the data collection, analysis and reporting. The initial efforts began October 2014.	July 2013	<del>June 2014</del> September 2015	Children's Services Division Faith-Based Partnership
<b>D.</b> Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.	July 2015	June 2016	Children's Services Division Faith-Based Partnership

<b>E.</b> Evaluate program effectiveness and the link between Faith in Motion as an intervention and long-term child and family outcomes	July 2016	June 2018	Children's Services Division Faith-Based Partnership
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<b>Strategy 11:</b> <b>Family Preservation Court/CAM</b> <b>Program Sustainability Project</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort)	
	<input type="checkbox"/> CBCAP		
	<input checked="" type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Develop strategies for program sustainability at grant termination in 2016, including a matrix of continuum of services 2014 UPDATE: Joint Operational Meetings (JOMs) to begin January 2015.	July 2013	June 2016	Children's Services Division Children & Family Futures Riverside County Family Preservation Court Mental Health Services
<b>B.</b> Utilize an implementation science approach to engage core service providers to expand key components of the Family Preservation Court/CAM programs to all providers of drug and alcohol prevention services	July 2014	June 2015	Children's Services Division Children & Family Futures Riverside County Family Preservation Court Mental Health Services Riverside County Department of Mental Health Catholic Charities MFI
<b>C.</b> Plan, prepare, and build necessary supports to promote utilization of key FPC/CAM intervention components by core service providers	July 2014	December 2015	Children's Services Division

<p><b>D.</b> Develop a plan for data collection, analysis, and ongoing evaluation</p> <p>2014 UPDATE: CFF is a non-profit agency contracted to evaluate the FPC program. Data is provided to CFF on a semi-annual basis. The data provided are focused on elements related to the following: length of stay in foster care, time to reunification, child placement status, re-entry to foster care and recurrence of maltreatment.</p>	July 2014	<del>June 2015</del> Ongoing	<p>Children's Services Division</p> <p>Children &amp; Family Futures</p>
<p><b>E.</b> Pilot expansion of the FPC/CAM intervention components and assign teams to monitor and improve the intervention and implementation supports</p> <p>2014 UPDATE: Joint Operational Meetings (JOMs) to begin January 2015.</p>	<del>July</del> January 2015	June 2016	<p>Children &amp; Family Futures</p> <p>Riverside County Family Preservation Court</p> <p>Riverside County Department of Mental Health</p> <p>Catholic Charities</p> <p>MFI</p>
<p><b>F.</b> Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.</p> <p>2014 UPDATE: Presentations on FPC have been conducted in four operational regions and two induction classes. These efforts are scheduled to continue through 2015.</p>	July <del>2015</del> 2014	June 2016	<p>Children's Services Division</p>
<p><b>G.</b> Full Implementation Stage – The majority of service providers are using the continuum of services with fidelity</p>	July 2016	June 2018	<p>Riverside County Family Preservation Court</p> <p>Riverside County Department of Mental Health</p> <p>Catholic Charities</p> <p>MFI</p>

<b>H.</b> Evaluate program effectiveness and the link between Educational Liaisons as an intervention and long-term child and family outcomes	July 2016	June 2018	Children's Services Division
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<b>Strategy 12:</b> <b>Family Resource Centers/ “Network Hub Model”</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Children’s Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
<b>A.</b> With technical assistance from Casey Family Programs, utilize a strategic consultant to engage community partners in the development of a collaborative and community-directed model for Family Resource Center communities UPDATE: Community partners have met monthly with CSD and the Case Family Programs consultant. In October 2013, community partner leadership decided to pursue a potential merging of the Jurupa Valley Family Resource Network Team with the Healthy Jurupa Valley Team due to the shared goals of the two groups for the same community area. The Jurupa Valley Network Team met in November 2013 with members of the Healthy Jurupa Valley Team to explore merger possibilities. 2014 UPDATE: Completed.	July 2013	June 2014	Children’s Services Division Casey Family Programs Pat Bowie (strategic consultant)	
<b>B.</b> Evaluate data and resources respective to the four Family Resource Center target areas to identify shared outcomes for improvement, beginning with the Jurupa Valley community	July 2013	Ongoing	Children’s Services Division Casey Family Programs Community Stakeholders	

<b>C.</b> Conceptualize pilot model and implement community readiness assessments to determine feasibility of model plan 2014 UPDATE: Due to delays in the implementation phase of the pilot model, this step has been pushed to Q2 2015. The development of the data dashboard for the warm handoff and hub referrals will be addressed at that time.	July 2013	June <del>2014</del> 2015	Children's Services Division Pat Bowie (strategic consultant) Community Stakeholders
<b>D.</b> Implement pilot Network Hub Model 2014 UPDATE: JVFRN service providers have started utilizing the referral system and warm hand-off. JVFRN utilizes Google drive for referrals, while all service providers agreed to the use of uniform consent form and signed service provider's agreement.	July 2013	<del>June</del> October 2014	Children's Services Division Community Stakeholders
<b>E.</b> Ongoing implementation and evaluation of the Network Hub Model	July 2013	June 2018  Ongoing	Children's Services Division Community Stakeholders
<b>F..</b> Evaluate sustainability of pilot Network Hub Model  2014 UPDATE: Due to the delay in implementation phrase of the network hub, the evaluation of sustainability of pilot program has been pushed.	July <del>2014</del> 2015	June <del>2015</del> 2016	Children's Services Division Casey Family Programs Community Stakeholders

<b>Strategy 13:</b> <b>Internal Evaluation of Integrated Core Services</b>	<input checked="" type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability	
	<input checked="" type="checkbox"/> CBCAP		
	<input checked="" type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Develop a plan for data collection, analysis, and ongoing evaluation of all Core Services <b>UPDATE:</b> Due to transition delays as well as staff and provider development needs, the timeframe was extended through 2013. <b>2014 UPDATE:</b> Completed. Data collection and initial analysis has begun.	April <b>2013</b>	<del>December 2013</del> <b>July 2014</b>	Children's Services Division
<b>B.</b> Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability. <b>2014 UPDATE:</b> Initial analysis of baseline data is scheduled to be available after July 2015.	July <b>2014</b>	July <del>2014</del> 2015	Children's Services Division
<b>C.</b> Evaluate program effectiveness and the link between Core Services as interventions and long-term child and family outcomes	July <del>2014</del> <b>2015</b>	June 2018	Children's Services Division

<b>Strategy 14:</b> <b>Independent Living Program Evaluation Plan</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Develop a plan for data collection, analysis, and ongoing evaluation  2014 UPDATE: Modifications to Efforts-to-Outcomes Database underway. Data currently collected are being utilized for evaluation of efforts and participation rates.	December 2013		Children's Services Division
<b>B.</b> Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability	December 2013	June 2014	Children's Services Division
<b>C.</b> Evaluate program effectiveness and the link between the Independent Living Program as intervention and long-term child and family outcomes	June 2014	July 2018	Children's Services Division

<b>Strategy 15:</b> <b>Racial Disparity and Disproportionality (RDD)</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
<b>A.</b> Evaluate current RDD baseline data and utilize as a tool to promote awareness, dialogue, and accountability  UPDATE: The RDD Committee meets on a monthly basis. Committee members have worked with SIP and Data Analysis Unit Research Specialists to identify outcomes and variables of interest and develop a standardized reporting format that can be utilized to present data in a region-specific format. CSD staff expects to complete a comprehensive RDD report by the end of Year 1.  2014 UPDATE: This action step is an ongoing effort.	July 2013	June <del>2014</del> 2015	Children's Services Division	
<b>B.</b> Identify and evaluate existing RDD models that are effective in improving outcomes to prepare for release of new RFP UPDATE: Casey Family Programs is providing technical assistance with this process. This support included arranging a November 2013 presentation by Professor Margaret Jackson, a CSU Fresno faculty member and the Director of the Fresno County Cultural Brokers	July 2013	June 2014	Children's Services Division Casey Family Programs	

<p>Program. Ms. Jackson was instrumental in partnering with the Fresno County child welfare department to reduce disparity and disproportionality in their system.</p> <p>2014 UPDATE: Completed</p>			
<p><b>C.</b> Select contractor and begin model implementation</p> <p>2014 UPDATE: Community brokers' model has been implemented. Pilot program started in Valley Region in Q1 2014 and currently it has been implemented in West Corridor, Desert, and Blythe.</p>	July 2014	June 2015	Children's Services Division
<p><b>D.</b> Develop a plan for data collection, analysis, and ongoing evaluation</p> <p>2014 UPDATE: Plan is being developed under Special Projects to develop plan for data collection, analysis and ongoing evaluation.</p>	July 2014	June 2015	Children's Services Division
<p><b>E.</b> Evaluate program effectiveness and the link between the selected RDD model as intervention and long-term child and family outcomes</p>	July 2015	June 2018	Children's Services Division

<b>Strategy 16:</b> <b>Primary Safe Care/Early Safe Care/Safe Care Plus</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4 Reduce re-entry following reunification (exit cohort)		
	<input checked="" type="checkbox"/> CBCAP			
	<input checked="" type="checkbox"/> PSSF			
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
<b>A.</b> Continue targeted referral and service provision to families with children between the ages of 0 and 5, identified as high risk, and eligible for Family Maintenance or Family Maintenance Voluntary services	July 2013	June 2018  Ongoing	Children's Services Division Riverside Dept. of Public Health John F. Kennedy Foundation Family Service Association	
<b>B.</b> Baseline analysis of Primary SafeCare/Early SafeCare/SafeCare Plus data to establish client need and capacity for service delivery	July 2013	December 2013	Children's Services Division	
<b>C.</b> Establishment of graduation outcome goals for Primary SafeCare/Early SafeCare/SafeCare Plus  2014 UPDATE: The plan for data collection, analysis and evaluation has been pushed to Q3 2015.	July 2013	June <del>2014</del> 2015	Children's Services Division	
<b>D.</b> Safe Care Plus partner with UCSD to receive technical assistance in data collection and program evaluation. Deliverables include: <ul style="list-style-type: none"> <li>Design of data collection instruments and procedures for data collection and analysis</li> <li>Assistance in design and development of a web-based database</li> </ul>	July 2013	June 2014	Children's Services Division University of California, San Diego	

<ul style="list-style-type: none"> <li>• Selection and prioritization of outcome indicators</li> </ul> <p>2014 UPDATE: The plan for data collection, analysis and evaluation has been pushed to Q3 2015.</p>			
<p><b>E.</b> Conduct ongoing evaluation to:</p> <ul style="list-style-type: none"> <li>• Assess participation rates of target population</li> <li>• Examine fidelity in model implementation</li> <li>• Assess effectiveness of program relative to client improved family functioning and CSD improved SIP outcomes</li> </ul>	July 2013	June 2018	Children's Services Division
<p><b>F.</b> Participate in and support the Safe Care Sustainment Research Project conducted by UCSD</p>	July 2013	June 2018	Children's Services Division University of California, San Diego



<b>Strategy 17:</b> <b>Team Decision Making (TDM) meetings</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
<b>A.</b> Evaluate current TDM baseline data and utilize as a tool to promote awareness, dialogue, and accountability  UPDATE: Data matching concerns with CWS/CMS have delayed the development of a comprehensive TDM report; however, some baseline data has been reviewed and an evaluation plan has been developed.  2014 UPDATE: Due to staff assignment changes and the original evaluator leaving the agency, this action step timeframe has been extended.	January 2013	June 2014 2016	Children's Services Division UC Berkeley (strategic consultant) California Evidence-Based Clearinghouse (CEBC)	
<b>B.</b> Develop recommendations for improved data collection, database management, and data analysis, including the development of an ongoing evaluation plan.  UPDATE: SIP Unit Research Specialists continue to meet regularly with TDM facilitators at the scheduled Consistency Meetings to review data concerns and collaboratively strategize recommendations for improvement.	July 2013	December 2013 Ongoing	Children's Services Division UC Berkeley (ETO database manager) CEBC	

<b>C.</b> Evaluate program effectiveness and the link between TDM as intervention and long-term child and family outcomes	May 2013	June 2018	Children's Services Division California Evidence-Based Clearinghouse for Child Welfare
<b>D.</b> Review and evaluate recommendations to incorporate, within the TDM program, new standards of practice consistent with the <del>Katie A. P2W</del> -Core Practice Model  UPDATE: <del>Katie A. Training</del> P2W, Coaching, and Informing subcommittee members met with TDM facilitators in November 2013 to begin discussing Riverside County's plans to utilize TDM facilitators in the Child and Family Team Meetings.  2014 UPDATE: TDM facilitators are now facilitating CFT meetings for all Subclass designated children. Facilitators also complete the data entry for CFTs facilitated for Subclass designated children in CWS/CMS, the Health Notebook, Screening Page, Plan Intervention, and Plan Detail, to ensure tracking for all completed Subclass CFT meetings. Currently, TDM facilitators are assisting with RDD efforts. A TDM is held for every African American child removed, at risk of being removed, and before reunification.	January 2014	December 2014	Children's Services Division Riverside County Department of Mental Health
<b>E.</b> Implement recommendations from item D, above	January 2015	June 2018	Children's Services Division

<b>Strategy 18:</b> <b>Youth Partners</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
<b>A.</b> Exploration of similar practice models and the development of a position description  UPDATE: This process was completed in September 2013.	January 2013	December 2013	Children's Services Division	
<b>B.</b> Plan, prepare, and build the necessary supports to promote utilization of the Youth Partner	July 2013	June 2014	Children's Services Division	
<b>C.</b> Recruitment of <del>six to</del> eight Youth Partner positions UPDATE: The recruitment process began October 7, 2013 and closed November 1, 2013. Youth Partners are expected to be in place during the designated timeframe. The number of Youth Partners will be determined as indicated by staffing needs.  2014 UPDATE: CSD currently has five Youth Partners positions filled and are recruiting to fill a sixth Youth Partner position.	July 2014	June 2015	Children's Services Division	

<b>D.</b> Pilot Youth Partner program implementation and assign teams to monitor the intervention and implementation supports and make improvements as necessary	July 2015	June 2016	Children's Services Division
<b>E.</b> Develop a plan for data collection, analysis, and ongoing evaluation	January 2015	July <del>2014</del> 2015	Children's Services Division
<b>F.</b> Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability	January 2015	June 2016	Children's Services Division
<b>G.</b> Full Implementation Stage – The majority of staff are using the Youth Partners model with fidelity	July 2016	June 2018	Children's Services Division
<b>H.</b> Evaluate program effectiveness and the link between Youth Partners as an intervention and long-term child and family outcomes	July 2016	June 2018	Children's Services Division